



5430 Torrance Boulevard • Torrance, CA • 90503
OFFICE (310) 540-2021 FAX (310) 543-5102 www.bmhs-la.org

Shadow Student Release Form

Visit Date: _____ T-Shirt Size: YL YXL ASm AMed AL

Student Name: _____ Student's Current Grade: _____

Home Address: _____

City, State, and Zip: _____

Student Email Address: _____

Student's Current School: _____

Mother's Name: _____ Mother's Cell: _____

Mother's Email Address: _____

Father's Name: _____ Father's Cell: _____

Father's Email Address: _____

We request that shadow students wear a white shirt and dark-colored bottoms, as this is similar to Bishop's own school uniform. Shadowing students may also choose to wear their current school uniform. We request that shadows refrain from wearing anything with large graphics, logos, or emblems. Please no tank tops, bare midriffs or hats. If you have any questions regarding the shadow dress code, please let me know.

By signing this document, I hereby waive and release Bishop Montgomery High School, its employees, staff and students, from any and all liability for any injuries and/or illness incurred while my child or guardian is visiting the school campus. To the best of my knowledge, my child or guardian has no mental or physical limitations which could affect his/her successful participation in Bishop Montgomery's shadow program.

Signature of Parent/Guardian: _____ Date: _____

Thank you,

Amy Traxler
Asst. Director of Development
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