“STAR FOR A DAY”
VISITING STUDENT PERMISSION SLIP

Visiting Student Name ________________________________ 

Current School ______________________________________

Requested Date of Visit: ___________________________ 12:30pm: __________ All Day: __________

My child ___________________________________________ has my permission to visit Mary Star of the Sea 
High School on the above date. I agree that we will be considering possible enrollment for this student visitor.

Please list any student allergies or medical conditions of which Mary Star High School needs to be made 
aware: ____________________________________________________________

Visiting student's interests: ____________________________________________________________

Mary Star Sponsoring Student (if applicable): __________________________________________________

In case of any problems I can be reached at the following number(s): 
Emergency Phone Number (s) ___________________________ ___________________________ 

Parent/Guardian Name ________________________________ Parent/Guardian Signature ________________________

Date of Request: _____________________________ Please FAX (310) 547-1827 or deliver this form to the Main Office

Helpful Information

1. A signed permission slip from the Mary Star student’s parent/guardian and the visiting student’s 
parent/guardian must be submitted two (2) days prior to the visit.
2. Mary Star student must inform their teachers 24 hours in advance of the planned visitation.
3. Visiting students must wear his/her 8th grade uniform or nice pants and solid color polo shirt. You may call 
the school office for clarification: (310) 547-1138.
4. Student visitor should arrive at 7:45am and report to the Main Office to sign in and be greeted by the 
administration.
5. Student will be provided lunch.
6. Visiting student may request a 12:30pm or 2:20pm pick-up time; please indicate preference on the 
registration section of this form.
7. Any student requesting a day to shadow should be seriously considering future enrollment at Mary Star of 
the Sea High School.

MARY STAR SPONSORING STUDENT

Mary Star Student: ________________________________________________________________

Number(s) that parent can be reached at on the day of Visitation: ______________________________

My student has my permission to act as a student ambassador for the above-mentioned student 
on________________________ during the school day.

Parent/Guardian Name: ________________________________ Parent/Guardian Signature ________________________

Date of Visit: __________________________ Visiting Student Pick-up time: __________________________

Name of Visiting Student: ______________________________________________________________

(for Office use only) 
Notification: ___________________________ 

Principal _________________________ Dean of Discipline ________________