



**MARY STAR OF THE SEA HIGH SCHOOL**  
2500 North Taper Avenue • San Pedro, CA 90731  
Tel (310) 547-1138 • Fax (310) 547-1827

**“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 8<sup>th</sup> 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.

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**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