



SACRED HEART ACADEMY

47 Cathedral Avenue Hempstead, NY 11550

516.483.7383 Fax 516.483.1016 www.sacredheartacademyli.org

Lead with Heart.™

October 2, 2017

Dear Parents and Guardians,

Sacred Heart Academy will be offering *Sophomore Retreat Day on Thursday, October 26, 2017* to our students as an opportunity to reflect and nurture their relationship with God and one another.

This retreat will be held at St. Joseph's (the former academy building) in Brentwood, a site that has very special significance to our Sacred Heart community, since it is the "motherhouse" of the Sisters of St. Joseph.

Students will leave Sacred Heart Academy at 8:30am and travel by bus to Brentwood, accompanied by faculty chaperones. They will return at 3pm. *Please note that this retreat experience is considered to be an important part of the overall experience at Sacred Heart Academy. This retreat day is considered a regular school day for attendance purposes and all students are expected to attend. Students should not plan any appointments on those days.*

Students must "brown bag" their lunch that day, since there is no food service available at the site. They may wear SHA wear and sneakers that day.

Please sign and have your daughter return the attached permission form to her homeroom teacher ASAP. Permission slips are due by Friday, October 20, 2017. If there is any health concern that we should be aware of, please let me know. Thank you for your cooperation and support.

Sincerely,
Mrs. Veronica Ticas-Ludewig
Campus Minister



Nationally Recognized School of Excellence

Sponsored by the Sisters of St. Joseph Chartered by the New York State Board of Regents Accredited by the Middle States Associations of Colleges and Schools

www.sacredheartacademyhempstead.org



Sophomore Retreat Day Permission Form

47 Cathedral Avenue Hempstead, NY 11550
516.483.7383 sha@sacredheartacademyli.org

Student's Name: _____

Homeroom: _____

I give permission for my daughter to participate in the Sophomore Retreat Day on Thursday, October 26, 2017 at St. Joseph's in Brentwood, New York.

In giving my daughter permission to attend this function, I waive claim for liability against Sacred Heart Academy, its employees and representatives in connection with this activity. I further assume full responsibility for damages to any persons or property caused by my daughter and agree that any health or disciplinary action will be handled by the faculty member(s) at the time of the incident and reported to the proper authority upon arrival at home. _____ (please initial)

Check one below and include any relevant information

- My daughter has no physical or medical problems at this time
- My daughter currently has the following medical issues or is taking the following medications

Signature _____ Date: _____

Home phone _____ Work phone _____

In case of emergency, please notify:

_____ at _____
Emergency Contact Phone Number

**Please fill out the permission slip and please hand it in to your homeroom teacher
by Friday, October 20th.**