



St. Rose of Lima School
115 N. Biesecker Road
Thomasville, PA 17364
717.792.0889 Fax: 717.792.3959
www.stroseschoolpa.org

STUDENT VISITOR FORM

I give my son/daughter permission to attend St. Rose of Lima School on _____ . My son/daughter is presently in the _____ grade.

My son/daughter attends _____ school in _____ school district. If there is an emergency while my son/daughter is attending your school, I can be reached at (Please give us a working phone number) _____. I realize that I am responsible for dropping off and picking my child up from school.

_____ My child previously attended St. Rose and I am contemplating returning to this school.

_____ My child has not attended St. Rose and I am considering this as an option for this year or the next year.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed _____