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*Pursue knowledge; embrace the
truths of Christ; respond to the
needs of others.*

Dear Parent/Guardian,

Please initial each section below. Thank you!

BOARDER'S NAME _____ (printed)
Last Name First Name

I will send you in advance the dates of the weekends that my daughter will be coming home. Regarding this,

I will transport my daughter on the weekends that she is coming home.

OR

I want my daughter to use the following means of transportation when traveling home. (Please initial each that apply.)

train- Old Saybrook, CT station

plane- Bradley International, Hartford/Springfield

bus- New London, CT station

the following are the names, addresses, phone numbers and email

addresses of persons allowed to transport my daughter home:

Person 1:

Person 2:

Person 3:

Person 4:

Person 5:

(continued)

I grant permission for my daughter to visit friends or relatives of our family who may invite her to visit their home. The names enclosed are the families who do not have students in the Academy of the Holy Family, but with whom my daughter may visit:

_____	_____
_____	_____
_____	_____

____ I would like to give permission each time my daughter is invited to visit/sleep over a student's house.

____ I am giving "blanket" permission for my daughter to visit/sleep over a student's house. **This means my permission is not needed and I will not necessarily be notified my daughter is doing so.**

The Academy of the Holy Family reserves the right to refuse to grant this permission if the Administration feels for any reason that it would not be in the best interest of the student to accept a specific invitation to visit the home of another student.

NB: It is understood that all students will be going home on all vacations listed in the school calendar. No permission is needed unless your daughter will be spending her vacation with another family.

____ I understand that my daughter needs to have a debit card. I will make sure the amount is **never** less than \$50 on her debit card. It is understood that should my daughter require medical attention, she will use her debit card to fund the co-pay.

(parent/guardian printed name)

(parent/guardian signature)

(date)