



MOUNT SAINT JOSEPH ACADEMY

*Sponsored by the Sisters of Saint Joseph of Boston
Accredited by the New England Association of Schools and Colleges.*

Mountie For A Day Student Application

Shadow Student Name _____

Address _____

City/Town _____ **Zip** _____

Home Phone _____

Email _____

Current School _____

City/Town of School _____ **State** _____

Date of Birth _____ **Current Grade** _____

Hobbies/Interests _____

Mount Student Ambassador _____

I, as parent/guardian of _____, request that Mount Saint Joseph Academy allow my daughter to participate in the Shadow Program on (date) _____.

Further, I release and save harmless Mount Saint Joseph Academy and any and all personnel of the school, the Corporation for the Sponsored Ministries of the Sisters of St. Joseph, the Sisters of St. Joseph of Boston from any and all liability for any injuries, loss or other claims arising out of or resulting from this visit in conjunction with the Shadow Program.

Parent Names (print) _____

Parent Signature _____

Shadow Day Daytime Contact Person _____

Contact Person Phone _____

It is the responsibility of the parent/guardian to notify the current school concerning the student's absence for the Shadow Program at Mount Saint Joseph Academy.

617 Cambridge Street • Boston, Massachusetts 02134-2460

School Office: 617-254-8383 • Guidance Office: 617-783-4747 • Fax: 617-254-0240 • www.mountsaintjosephacademy.org