
OLSM SCHOOL VISITS

Spend a day with a current student and see what it's really like to attend **Orchard Lake St. Mary's Prep.**

We'll treat you to lunch and count this day as your personal interview.

Visitation Days: (Monday-Friday)
NOW through Thursday, May 27, 2010.

Dress Code: white shirt, tie, khaki pants and dress shoes.

Check-in: 7:30 a.m. at the Admissions Office
in PADZIESKI SCIENCE CENTER (Building #24).

Pick-up: at 2:00 p.m. for Visiting Student.

Have your parent(s)/guardian(s) fill out the information on the back of this form, and please bring it with you when you visit.

ADMISSIONS@STMARYSPREP.COM

Call 248.683.0514

to schedule a visit today!

Founded 1885:

A Catholic Educational Experience for Young Men Like No Other.

Student Name: _____

School: _____ Grade: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Email: _____

Parent or Guardian, please read and sign the following:

As Parent/Guardian, I understand that the above named student will be visiting St. Mary's Preparatory on the date indicated. I consent that the School Nurse of St. Mary's Preparatory may administer such medical treatment as she or he deems necessary or advisable in case of illness or accident.

In the event that a physician determines that immediate medical treatment or surgery is necessary for this student, and one, or both parents, or the legal guardian, cannot be immediately contacted, authorities of St. Mary's Preparatory are hereby authorized to approve such treatment as may be determined by the physician at that time.

I accept full responsibility for the costs of any medical care or emergency treatment which may become necessary. In authorizing St. Mary's Preparatory as my agent, I understand that the school shall not be held responsible for the payment of fees or charges, and that the school will not accept billing in my name.

This document is intended to be a release to those obtaining and supplying medical treatment (emergency and non-emergency), including St. Mary's Preparatory, any members of the school's administration or staff, its employees, and any physicians or institutions treating or offering medical assistance to the student.

Signature of Parent/Guardian: _____ Date: _____

Please print name here: _____

Relationship to student: _____ Daytime phone: () _____

This is a (please circle one) HOME WORK telephone number. If this is a work number, please indicate the name of the company and any other pertinent information that might be necessary to contact you:

Are there any other emergency telephone numbers or individuals that we should contact in an emergency:

PLEASE DO NOT WRITE IN THIS BOX

Host:

Comments: