



SOPHOMORE RETREAT

Rooted in Sion--Branching Out

A day of building community with your sophomore class, recognizing and acknowledging the gifts of your peers and growing in right relationship with God.

Tuesday, October 17, 2017

8:00 AM to 4:00 PM

Submit to the front office by Tuesday, August 1, 2017

Student's Name: _____

Parent/Guardian Name: _____

Phone Number: () _____

In case of emergency and parents/guardians cannot be reached, please contact:

Name: _____

Relationship: _____

Phone Number: () _____

Medical Information:

Information from the medical forms on file for each student will be consulted regarding allergies & medication. Contact the front office if medical information has not been updated since freshman year. Contact Stephanie Pino-Dressman regarding dietary concerns for this retreat. Lunch will be salad and the option for meat, vegetarian and cheese pizza.

(Please complete the reverse side...)

Permission and Signatures

- I give my daughter permission to participate in the Notre Dame de Sion High School Sophomore Retreat at Savior Pastoral Center, 12601 Parallel Pkwy, Kansas City, KS 6610, on Tuesday, October 17, 2017. I give permission for my daughter to be transported to and from the retreat center by bus.
- In case of a medical, surgical, or dental emergency I give my permission for an employee of Notre Dame de Sion High School to authorize emergency medical treatment, if I cannot be located.

Signature of Parent/Guardian

- I agree to participate prayerfully and openly in the sophomore retreat and to abide by the school behavioral guidelines.
- I understand that the “Civvies Dress Code” as stated in the student handbook is the guide for dress on this retreat. Make sure the clothes you wear will be comfortable for sitting on the floor, icebreaker games, etc.

Signature of Student

If you have any questions, please contact:
Stephanie Pino-Dressman, Director of High School Campus Ministry
spinodressman@ndsion.edu