



**St. Rocco School**  
**931 Atwood Ave.**  
**Johnston, RI 02919**

*“Sharing the love of the Heart of Christ!”*

*“Anchor of FAITH, Harbor of LIGHT”*

**Magdalen Chianese, Principal**

**Telephone: (401) 944-2993**

**Fax: (401) 944-3019**

**Career Day Permission Slip**

March 18, 2008

I give permission to \_\_\_\_\_ to come to my place of  
Student's Name  
business for Career Day on Monday, March 31, 2008. I understand that I will  
accept the responsibility to have \_\_\_\_\_ understand  
Student's Name  
more about \_\_\_\_\_.  
Business Name or Company/Position

\_\_\_\_\_  
Career Advisor's Signature

\_\_\_\_\_  
Date



I give permission for \_\_\_\_\_ to participate in  
Son/Daughter  
Career Day. I understand that this is part of the Middle School curriculum  
and will help my son/daughter to secure a safe and rewarding career to  
shadow for the day. I understand that my son/daughter is responsible for  
completing all assignments attached to Career Day.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date