



Monsignor McClancy Memorial High School

71-06 31st Avenue East Elmhurst, NY 11370

(718) 898-3800 x 0 Fax: (718) 397-9325

MMendoza@msgrmccclancy.info

Crusader for a Day Application **8th GRADE STUDENTS ONLY**

Student's Name: _____

Student Gender: _____

Parent/Guardian's Name: _____

Address, City, Zip: _____

Parent Phone Number/Cell Phone Number: _____

Parent's E-mail Address: _____

Student's E-mail Address: _____

Current Grammar School: _____

Crusader Days: Please circle **three** dates when student is available to visit. **We will contact you as soon as possible to confirm on the availability of the date.**

OCTOBER 2019

15, 17, 18, 21, 22, 24, 25, 28, 29

NOVEMBER 2019

4, 5, 12, 13, 14, 15, 18, 19, 20, 21, 22, 25,

DECEMBER 2019

2, 3, 4, 5, 6, 10, 11, 12, 13, 16, 17

I give my child permission to participate in Crusader for a Day at McClancy High School. I will ensure that he/ she will be dressed for school and conduct themselves in a respectful manner during their visit. I understand they will report to the main office at 8:00 a.m. their day will conclude at 2:29. I understand that lunch will be provided by the school.

Parent/Guardian Signature _____

Please Specify Preferred Dates:

Choice # 1: _____ Choice # 2: _____ Choice # 3: _____