



# Roman Catholic High School Kairos Retreat Permission Form

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

I am opting to attend the following Kairos Retreat

\_\_\_\_\_ Kairos LXVIII: October 25-28, 2016

\_\_\_\_\_ Kairos LXIX: November 29-December 2, 2016

\_\_\_\_\_ Kairos LXX: February 7-10, 2017

**No money is due at this time.** The cost for Kairos is \$225, and it will be added to your Smart Tuition account at the time of the retreat.

Space is limited on each retreat to 30 students, and will fill quickly. If you are interested in attending, it is important that you **return this form to the Main Office** as soon as possible.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_