



## Boundless Day Information

Dear Prospective Parent or Guardian,

Students interested in attending Liguori Academy are encouraged to spend a day with a current student. Boundless Days can be scheduled by calling the Admissions Office at 267.571.1952 ext. 205. Boundless Days are scheduled for Tuesdays and Thursdays with a maximum of two visiting students each Boundless Day.

- Please arrive by **7:45 AM** at Liguori Academy, 1952 E. Allegheny Avenue, Philadelphia, PA 19134. Bring your Boundless Day Permission Form.
- Students should enter the building through the main door on Allegheny Avenue. *Please note that our doors do not open until 7:15 AM. Students will need to check in with Mr. Jordan when they arrive in the lobby of our building.*
- Students should be picked up at **2:30 PM** in our main space.
- Appropriate dress attire is required: a school uniform is preferred.
- Academic supplies will be provided. There is no need to bring a book bag. Students will need to bring a working set of headphones.
- Breakfast and lunch will be provided for each student. Students are welcome to bring lunch from home.
- In case of inclement weather or possible school closures, please call 267.571.1952 for updates.

Please remember to bring the Boundless Day Permission Form the day of your visit. Thank you for considering Liguori Academy as a future home for your family.

Best,

**Mrs. Rebecca M. White, M.Ed.**  
Principal/Chief Operating Officer



**LIGUORI ACADEMY**  
BOUNDLESS LOVE

**Boundless Day Permission Form**

Dear Prospective Parent or Guardian,

We are delighted to have your child as our guest today. As with our own students, our number one concern is your child's health and safety while they are with us. While we never expect an emergency to arise, it is important for us to have the following information to allow us to respond to situations appropriately and promptly.

**Student's Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Emergency Contact #1:**

**Emergency Contact #2:**

Name:

Name:

\_\_\_\_\_

\_\_\_\_\_

Relation to visitor:

Relation to visitor:

\_\_\_\_\_

\_\_\_\_\_

Preferred phone number:

Preferred phone number:

\_\_\_\_\_

\_\_\_\_\_

**Medical Concerns or Allergies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, I give qualified personnel permission to treat my child. I give further permission for health-related information about my child to be shared with Liguori Academy staff on a "need to know" basis.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_