



HIGH SCHOOL SHADOW DAY REQUEST

STUDENT INFORMATION

Student Current Grade _____ Student Current School _____

Please circle one: Male - Female

_____/_____/_____
Student's Last Name First Middle Date of Birth

Student's Home Address: Mandatory: Parent E-mail address _____

Street # City Zip Code

Parents:

_____/_____/_____
Name Home Phone Cell phone

Shadow Day Requested: Wednesday, October 24th 8:00-12:00 _____
Wednesday, November 14th 8:00-12:00 _____
Tuesday, December 11th 8:00-12:00 _____
Monday, January 14th 8:00-12:00 _____

Please list your interests/favorite subject:

What are your hopes for high school?

What would you like to be involved in? (ASB, Clubs etc)

