

HIGH SCHOOL SHADOW FORM

Name of student_____ Grade _____

Shadow Date	
High School	
understand that this day is conscompleted and returned to school completed form, the absence withat it is my child's responsibility	yed at the high school listed above. I idered an "excused absence" if this form is pol the next school day. Without the ill not be considered "excused." I understand y to obtain school work missed for that day achers prior to the scheduled shadow date.
Parent Signature	
Student Signature	
This section to be completed	by Admissions Office from school attended
Name of school	
Shadow Date	Hours
Admissions Office Staff Name (pri	int)
Admissions Office Staff Signature	