

# St. Patrick of Heatherdowns School



## Shadow Request

Students ***MUST*** have this form completed and return to the school office at least ***THREE DAYS*** prior to the requested shadow date.

Student Name: \_\_\_\_\_ Home Room: \_\_\_\_\_

Date of Visitation: \_\_\_\_\_

School to be visited: \_\_\_\_\_

Each teacher must sign as acknowledgement that you will not be in class for the day.

Period 1 \_\_\_\_\_ Period 4 \_\_\_\_\_

Period 2 \_\_\_\_\_ Period 5 \_\_\_\_\_

Period 3 \_\_\_\_\_ Period 6 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

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