



Admin Use Only

Date Requested: _____ Scheduled By: _____

Shadow Assigned: _____

Shadow Completed: _____

Experience what Lowell High School is really like by shadowing a current LHS Student. Shadows are offered November through May depending on availability. Please fill out the information below so that we can make your experience worthwhile.

Student Information

Student Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Parent / Guardian Name:	Parent /Guardian Email:		
Address:	City:	Zip Code:	
Telephone Number:	Emergency Contact:		
Current School:	Area of Interest:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	College Level	Honors Level	High-Honors
	<input type="checkbox"/>	Latin Lyceum and High Honors (Split Day)	
	Latin Lyceum		

Student Shadow Information

We offer shadow dates twice a month from November until April. Please indicate your preferred month and day of the week. **Please note, you will be contacted by LHS staff to determine your available shadow date.** Shadows **are not confirmed** and will not be honored **until your receive confirmation** from the main office.

___ November ___ December ___ January ___ February
 ___ March ___ April ___ Tuesday ___ Thursday

Are their particular programs or course offerings (e.g. dance or ROTC) you would like to learn more about?

Please list any medical conditions we need to be aware of prior to your shadow date.

I give my child permission to attend Lowell High School for a student shadow day.

Parent Signature:

Date: