



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)		

Student Shadow Information

We offer shadow dates twice a month from November until April. Please indicate your preferred dates.

**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 you receive confirmation** from the main office.

____ 11/14	____ 11/16	____ 12/5	____ 12/14	____ 1/9	____ 1/11
____ 2/8	____ 2/13	____ 3/8	____ 3/13	____ 4/3	____ 4/10

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: