



ST. ELIZABETH CATHOLIC SCHOOL

NATIONAL BLUE RIBBON SCHOOL OF EXCELLENCE

ACCREDITED BY MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS

VISITING (OR SHADOWING) STUDENT INFORMATION

Please complete this form on or before your student's scheduled shadow day. Thank you!

Student name: _____

Current school: _____

Current grade: _____ Date of visit: _____

- The student named above has my permission to visit Saint Elizabeth Catholic School on the referenced date.
- Visiting students will "shadow" an enrolled student and attend class/classes with the student during the day.
- Visiting students in grades 6-8 may stay for lunch. Students may pack a lunch or eat hot lunch provided by the school.
- I fully understand that my child is to abide by all rules and regulations governing conduct at school. Any violation of our rules may result in him/her being sent home.

Parent or Guardian Signature _____ Date _____

Name of parent or guardian (please print):

Best phone numbers to reach you during your child's shadow day:

First: _____ Second _____

Other Contact # _____

****If your son or daughter has a special medical condition (include any/all allergies), please describe below:

Special Medical Conditions

