



CARMEL CATHOLIC HIGH SCHOOL

SHADOW DAY PERMISSION FORM

Name of Student Participant _____

Date of Shadow Day Visit _____

School _____ Grade _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____

Email Address: _____ @ _____

Emergency Contact Number(s) _____

List any special medical conditions (if applicable):

The signatures below indicate your permission for the above student's attendance at a Shadow Day at Carmel Catholic High School. Student participants will be paired up with a Carmel Catholic student for the day, "shadowing" his/her classes. **Shadow Day participants must be dressed in appropriate attire (no jeans, no sneakers, etc.) consistent with the school uniform policy at Carmel Catholic (polo shirt, khaki slacks for boys, polo shirt, skirt or khaki slacks for the girls).** A signature from a school administrator of the participant's school is also required if the student will miss any regularly scheduled school time. It is the expectation of the Director of Admissions at Carmel Catholic that every effort be made to schedule a Shadow Day in a manner that the student participant will not miss a regularly scheduled school day.

Thank you for selecting Carmel Catholic for a Shadow Day!

Parent/Guardian Signature _____ Date _____

Student/Participant Signature _____ Date _____

School Administrator Signature _____ Date _____
(Signature is necessary only if your school is in session on the scheduled Shadow Day.)

This form needs to be turned into the Office of the Director of Admissions upon arrival to Carmel Catholic High School on the morning of the Shadow Day.