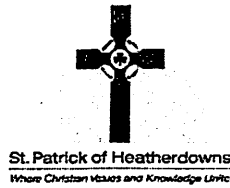


St. Patrick of Heatherdowns School



SHADOW REQUEST

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

Student Name: _____ Home Room: _____

Date of Visitation: _____

School Visiting: _____

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: _____