

PROVIDENCE CATHOLIC HIGH SCHOOL

Individual Shadow Day Registration/Instruction Form

- Individual Shadow Days are **open to any student who is currently in 7th or 8th grade.**
- Shadow Days are **available SELECT Fridays during the school year** beginning in October and ending in April.
- Visit the Shadow Day page on the PCHS website for specific information and dates.
- **All visits must be scheduled by 2:30 PM on the Wednesday preceding the Friday visit.**
- All visitors are required to be in **dress code** and **observe the rules** of Providence Catholic High School. Dress code is a khaki or Docker style pant and a shirt with a collar (unless noted otherwise on the Shadow Day web page).
- Visitors are asked to check in the **Dean's Office by 7:40 a.m. the day of the visit.** The Dean's office is located by the student entry way (east entrance-Door # 4).
- PCHS will provide lunch to all Shadow Visitors.
- Parents are asked to **pick up their student at 2:25 in the cafeteria.** The cafeteria is located in back of the school (Door # 14).
- Parents of the visitor are responsible for making **transportation arrangements** to and from Providence. If a Shadow Day guest wishes to ride the PCHS school bus, the guest's parent must write a note to the PCHS Bus Company absolving PCHS and the PCHS Bus Company of responsibility during the bus ride. Guests will not be allowed on the bus without a written and signed parent note.

Please complete the section below and return it to the Dean's Office on the day of the visit.

Name: _____ Gender (circle): Male Female
Address: _____
City: _____ Zip Code: _____
Phone #: _____ E-mail: _____
Current School/City: _____
Current Grade (circle): 7 8
Name of PCHS Student Host: _____

Medical/Emergency Information

Please list any physical problems, illness (allergies, etc.) that we should be aware of:

Please list two people to contact in case of an emergency.

Name: _____ Relation to you: _____
Phone: _____ Other Phone: _____
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Phone: _____ Other Phone: _____

The faculty/staff of Providence Catholic High School is hereby given permission to give normal first aid to my child. I understand that Providence Catholic High School is not to be held liable for the bestowal of such health care. I hereby release Providence Catholic High School and all its employees from liability and harm arising to my child during this visit to the school. In the event that parents/guardians cannot be contacted, I hereby give my permission for any necessary emergency treatment that is administered for the welfare of my child.

I, the parent/guardian of the guest, have read the above instructions and agree with their terms.

Signature _____ Date of Shadow Day Visit _____