



Seymour | HIGH SCHOOL

REQUEST FOR STUDENT "SHADOW" VISITATION

I, _____, request that I be allowed to "shadow"
_____ on _____
(Name of SHS Student) (Date)

I understand that, as a visitor of Seymour High School, I am to abide by all of the rules of the school and operate under the supervision and direction of the faculty and staff of Seymour High School.

Signed: _____
(Visiting Student)

I approve this request of my child to be absent from school in order to "shadow" the SHS student identified above. Additionally, the information collected below can be used in the event of an emergency (i.e. phone #, secondary emergency contact, etc.).

Signed: _____ Date: _____
(Parent/Guardian)

Emergency Info: _____
(Contact Name & Phone Number)

Name of Visiting Student's School: _____

Authorization: _____ Date: _____
(Principal of Visiting Student's School)

THIS FORM **MUST** BE ON FILE IN STUDENT SERVICES BEFORE THE VISIT WILL BE AUTHORIZED.



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STUDENT VISITORS TO SHS

Students are welcome to visit SHS as a “student shadow”. During school hours, all visitors must report to the main office for a visitor’s pass. Students who wish to bring visitors must receive permission from their teacher(s) and an assistant principal before the visit will be authorized.

_____ would like to bring _____
(SHS student name) (Visiting student name)
as a visitor to school with him/her on _____.

Please sign the appropriate line below if this does not present a problem with you. If for some reason this is not suitable for your class, we will assign the visitor to another location during that period.

<i>Period</i>	<i>Course</i>	<i>Teacher Signature</i>
1 (Purple)	_____	_____
2 (Purple)	_____	_____
3 (Purple)	_____	_____
4 (Purple)	_____	_____
5 (White)	_____	_____
6 (White)	_____	_____
7 (White)	_____	_____
8 (White)	_____	_____

Approved: _____ Date: _____