



# CONCORD

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## CHRISTIAN SCHOOL

### Shadow Request Form

Prospective students are invited to spend the day at CCS and experience what it is to be a lion. A CCS student who has similar schedule interests will serve as host for the entire school day or half a school day.

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Age:** \_\_\_\_\_ **Current School:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_ **Grade to Shadow:** \_\_\_\_\_

**3 Top Interests/Activities/Hobbies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies/Medical Alerts:** \_\_\_\_\_

\_\_\_\_\_

**Parents:** \_\_\_\_\_

**Best Phone Number for Parent:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Requested Shadow Day (s):** \_\_\_\_\_

**Full/Half Day:** \_\_\_\_\_

**Completed Shadow Request Form should be return to CCS Office or emailed to [smason@conordcs.org](mailto:smason@conordcs.org) for approval.** Once approved, CCS will send additional Shadow Day instructions to the email listed above.

**Note: CCS requires a minimum of 1 week to arrange a shadow visit.**

Portion below will be completed in the CCS Office at drop off/pick up.

**Name of person picking up:** \_\_\_\_\_

**Signature at pick up:** \_\_\_\_\_

*Shadow students are expected to follow the same rules as current Concord students.*

**Principal Approval:** \_\_\_\_\_

**Shadow Date:** \_\_\_\_\_

**Assigned Student:** \_\_\_\_\_

**Notified:** \_\_\_\_\_