

St. Francis de Sales High School  
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**St. Francis de Sales High School**  
**SHADOW DAY RESERVATION REQUEST FORM**

*\*PLEASE SUBMIT THE REQUEST FORM TO MS. BRITTON AT ST. FRANCIS DE SALES HIGH SCHOOL FOR APPROVAL THREE DAYS PRIOR TO SHADOW DATE*

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

GRAMMAR SCHOOL: \_\_\_\_\_

REQUESTED SHADOW DATE: \_\_\_\_\_

**ST. FRANCIS DE SALES SHADOW DAY PERMISSION SLIP**

*\*THIS FORM MUST BE COMPLETED BEFORE THE SCHEDULED SHADOW DAY*

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

REQUESTED SHADOW DATE : \_\_\_\_\_

GRAMMAR SCHOOL PERMISSION APPROVAL GIVEN BY: *(shadow days must be approved by grammar school principal, administrator or teacher)*

\_\_\_\_\_

Signature

Date

**PARENT/GUARDIAN APPROVAL**

I, \_\_\_\_\_, give my student, \_\_\_\_\_,

Permission to Shadow at St. Francis de Sales High School on \_\_\_\_\_.  
(date of shadow day)

In case of an emergency please contact, \_\_\_\_\_.  
(name and phone number of emergency contact)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date