



## SHADOW FORM

TODAY'S DATE: \_\_\_\_\_

SHADOW DATE REQUESTED: \_\_\_\_\_  
(Tuesdays, Wednesdays, and Thursdays only)

**Students should arrive between 7:15-7:25 a.m. and report to the Main Office to check in. Dismissal is at 2:05 p.m. PFPS offers breakfast and lunch at no charge.**

Visitor's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent's Daytime Email Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Student Companion: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

I would like to have my child observe classes on the  college,  honors level. My child would be interested in taking  French,  Spanish, or  Latin next year.

List sports interests: \_\_\_\_\_

List extra-curricular interests: \_\_\_\_\_

**WE REQUEST THAT ALL VISITORS COMPLY WITH OUR SCHOOL RULES AND DRESS CODE. Visitors must wear Docker style pants/slacks with a polo shirt or oxford shirt. Ladies may also wear pants or a dress or skirt which must be knee length or longer. NO T-SHIRTS, JEANS, OR LEGGINGS ARE ALLOWED.**

Medical Conditions (i.e. Asthma, Diabetic): \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

On occasion, shadow visitors are included in PFPS photographs. By checking this box, I permit the use of my child's photograph in PFPS social media and marketing efforts.

Parent's Signature (Required): \_\_\_\_\_

Signature of visitor's present teacher/principal (Required): \_\_\_\_\_

**PLEASE NOTE: This completed form must be returned to the PFPS Admissions Office, 99 Wendover Road, Springfield, MA 01118, at least one week prior to your visit in order to allow sufficient time to notify all faculty members of your presence on campus and to arrange your child's schedule. Prospective students may visit from November 5 - May 14 only.**