

# University High School

## Shadow Request Form

**Directions:** A student requesting to shadow another University High School student must have this form completed and returned to the U-High main office seven (7) days prior to the requested visitation date either in person or by fax at (309) 438-5198. Late forms will **NOT** be accepted. This form is used for authorization in order for the visit to take place.

The “U-High Way of Life,” based on self-discipline and mutual respect, is essential to the learning process. The following policies are designed to promote self-discipline during the shadowing process. It is the responsibility of each shadow to follow the guidelines of University High School’s student code of conduct. The shadow experience represents the expectations of becoming a member of the University High School community.

Shadow Expectations:

- Respect others
- No cell phones or other electronic devices during classroom hours
- Follow all classroom rules
- Follow directions
- Participate in class

### Shadow Information:

Guest’s Name: \_\_\_\_\_

Guest’s Address: \_\_\_\_\_ Town: \_\_\_\_\_

Year in School (*circle one*): 8 9 10 11

Guest’s School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Preferred Host Student: \_\_\_\_\_

1<sup>st</sup> Preferred Visit Date: \_\_\_\_\_ 2<sup>nd</sup> Preferred Visit Date: \_\_\_\_\_

**As a visiting student, I/We hereby agree to follow U-High’s student code of conduct and Shadow Expectations.**

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**As the visiting student’s Administrator, I verify that he/she is a student in good standing.**

Administrator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Administrator’s Title: \_\_\_\_\_

Thank you for your interest,

Steve Evans  
Assistant Principal  
University High School