

## **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 calendar (7) days prior to the requested visitation date. Late forms will **NOT** be accepted. This form is used for authorization in order for the visit to take place. Forms may be returned in person between the hours of 8:00 AM - 4:00 PM or scanned and emailed to <a href="mailto:iguthri@ilstu.edu">iguthri@ilstu.edu</a>.

## Shadowing is available on the following dates:

February 2<sup>nd</sup> – 6<sup>th</sup>; February 9<sup>th</sup> – 12<sup>th</sup>; February 17<sup>th</sup>, 19<sup>th</sup> – 20<sup>th</sup>; February 23<sup>rd</sup> – 26<sup>th</sup>; and March 23<sup>rd</sup> – 26<sup>th</sup>. Shadowing students will meet their U-High student at 7:45 AM in the U-High Main Office and begin classes promptly at 8 AM.

The "U-High Way of Life," based on self-discipline and mutual respect, is essential to the learning 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:

University High School

Guest's Address:	Town:			
Current 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 Visi				
As a visiting student, I/We hereby agree to follow U-High's student co	ode of conduct	and Shad	ow Expecta	tions.
Guest Signature:	Date:	/	/	_
Parent/Guardian Signature:	Date:	/	/	_
VISITING STUDENT – Please have your Administrator sign belo I verify that he/she is a student in good standing.	w:			
Administrator's Signature:	Date:	/	/	_
Administrator's Title:				
Thank you for your interest, Brian Rohman Assistant Principal				