

Leon High School 2017 Shadowing Request Form

Student Information: PLEASE PRINT AND FILL OUT COMPLETELY

Student Name _____ Male or Female

Parent or Legal Guardian Name: _____

Home Address: _____

Parent Day Time Phone(s) #: _____

Email: _____

School Currently Enrolled in: _____ Grade: _____

Name of Leon student that you have contacted to shadow: _____

Shadowing days are Tuesday, Wednesday and Thursday in the month of February

Date Requesting to Shadow: (Please select 2 dates and check with your child's school to ensure they are available those days. Days fill quickly _____)

As a prospective Leon High School student, I wish to shadow a currently enrolled Leon student and agree to abide by all Leon High School policies and procedures*. Cell phone use is not allowed in any classroom. Visiting students, regardless of grade, will not be allowed to leave campus during lunch.

Student Signature

Parent Signature

*Please review our dress code and policies online by visiting www.leon.leon.k12.fl.us and clicking on "Student Agenda Book" under "Updates/News".

Due to the volume of students wishing to shadow, only students currently living in the Leon High School zone enrolled in a private or Pre IB at Fairview program will be allowed to shadow.

Complete this form and email to merlaus@leonschools.net or fax to (850) 922-5311, by January 28, 2017. We will contact you a few days after receiving your application.

You will be contacted in advance to confirm your shadow date. If you have not been contacted in advance, please call 24 hours before your requested date.

Susan Merlau ~ Curriculum Secretary ~ 850-617-5703 (2170)