



SHADOW REQUEST FORM

Date Received:

Student Name

Student ID

Current School Attending

Current Grade

Areas of Interest (Circle):

Theater

Art

Dance

Orchestra

Guitar

Band

Gymnastics

Sports

Academics: _____

Date Requested
(if applicable)

Date Scheduled

Pershing Student Requested
(if applicable)

Pershing Student Assigned

Cluster: _____	Teacher	Subject
Period 1/6		
Period 2/7		
Period 3/8		
Period 4/9		
Period 5/10		

Parent Name

Parent Signature

Parent Contact Phone

Parent Contact Email

Student Arrival Time: 8:30am	Student Pick-Up Time: 12:00pm
Student Must Wear Khaki Bottoms	Confirmation Email Sent Within 24 Hours