



**MOUNT PLEASANT HIGH SCHOOL**  
**SHADOWING REQUEST FORM**

**Date of Contact:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School Presently Attending:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date you wish to shadow:** \_\_\_\_\_ **Confirmed** \_\_\_\_\_

**Math Level:** \_\_\_\_\_ **Foreign Language:** \_\_\_\_\_

**Particular Student you wish to shadow ?** \_\_\_\_\_

**Particular Areas of Interest (i.e, band, art, Stem, radio, culinary, JROTC:**

\_\_\_\_\_

\_\_\_\_\_

**Reminders: Arrive by 7:20 / lunch or lunch money. Dismissal time 2:18.**

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_