

CHURCHILL HIGH SCHOOL VISITOR FORM

TODAY'S DATE:

SHADOW DATE REQUESTED:
(10/01/2024 thru 4/30/2025)

Students should arrive between 7:00-7:15 a.m. and report to the Scheduling Office to check in. They will shadow with a student mentor 1st – 4th hours, with dismissal at 12:20 p.m. Students can bring their own lunch or buy lunch in our school cafeteria.

STUDENTS NAME:

CURRENT GRADE:

ADDRESS:

CITY:

ZIP:

SCHOOL CURRENTLY ATTENDING:

PARENT'S NAME:

PARENT'S DAYTIME PHONE:

PARENT'S E-MAIL ADDRESS:

REASON FOR VISIT: Incoming 9th Grader (2025-2026) New Enrollment (10-12th grade) Out of Town Guest

My child is interested in visiting the following World Language(s) French German Spanish

My child is interested in CAPA (acting, dance, vocal) Visual & Performing Arts (Art & Music)
 Vocational & Life Skills

List athletic interests:

List extra-curricular interests:

I GIVE MY PERMISSION FOR MY SON/DAUGHTER _____ TO VISIT CHURCHILL HIGH SCHOOL. I AM AWARE THAT HE/SHE MUST ADHERE TO ALL SCHOOL POLICIES.

Parent's Signature:(Required)

Signature of student's present administrator:(Required)

*PLEASE NOTE: This completed form must be returned to: CHS Scheduling Office 8900 Newburgh Rd., Livonia, MI 48150 or faxed to 734-744-2653 or emailed to twoodruf2@livoniapublicschools.org at least 5 days prior to your visit in order to allow sufficient time to notify all faculty members of your presence on campus.

* Questions: Please contact Cindy Roberts at 734-744-2650