

# Valley Christian Middle School Shadow Day Request & Permission Form

Name of Student Participant \_\_\_\_\_

Date of Shadow Day Visit \_\_\_\_\_  
No Shadow Days are given on Wednesday. Please request Mon./Tues./Thurs./Friday. Admissions Office will confirm.

Current School \_\_\_\_\_ Grade \_\_\_\_\_

**Arts & Sports interests:**  Band  Orchestra  Chorus  Jazz Band  Handbells  Drama  
 Cross Country  Football  Baseball  Basketball  Soccer  Softball  Track  Tennis  Volleyball

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Mobile Phone \_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Number(s) \_\_\_\_\_

List any special medical conditions (if applicable): \_\_\_\_\_

Parent: Your signature below indicates your permission for your student to attend a Shadow Day at Valley Christian Middle School.

Valley Christian students wear uniforms, typically a polo shirt with khaki or black pants or shorts or a VC plaid skirt.

Shadow day participants must wear similarly appropriate attire. (No jeans, no graphic or secular T-shirts, no spaghetti strapped tops or midriffs).

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

