



Valley Christian High School Shadow Day Request & Permission Form

Student's Name _____ M/F

Date of Shadow Day Visit _____
We offer Shadow days on Monday and Tuesday. The Admissions Office will confirm.

Current School _____ Grade _____

Subject Preferences (circle): Math Science English Spanish

Specific course request _____

Interests: Art Band Orchestra Choir Jazz Band Handbells Drumline Robotics Cheer
 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 High 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 T-shirts, no spaghetti strapped tops or midriiffs).

Parent/Guardian Signature _____ Date _____

Please email completed form to: info@vcschools.org
VCS Business office phone: 562/860.0556 vcschools.org

