



# DARTMOUTH HIGH SCHOOL

555 Bakerville Road

Dartmouth, MA 02748

Telephone - 508-961-2700

<https://www.dartmouth.school/Domain/8>

Mr. Ryan Shea  
Principal

Mr. Graham Coogan  
Assistant Principal

Mr. Michael Martin  
Assistant Principal

Mrs. Bridgit DaSilva  
Director of High School Counseling & Support

## Request for Student Shadowing 3/13/25

### General Information:

- Student shadowing will be held from March 31st-April 1st, April 3rd-April 10th
- No shadowing on April 2nd due to half day
- Students will need to arrive by 7:15 a.m. and report to security office at Main Entrance
- Students will need to be picked up at 1:00 P.M. by a parent/guardian
- Students who are not currently attending Dartmouth Middle School will need to bring money to purchase lunch or bring lunch from home.
- Students who are requesting to shadow should have applied to other high school choices and using this shadow experience to determine their final decision on where they will attend
- DHS will choose the student who your child will be shadowing for the day. Student will be someone currently in that grade.
- All incoming students will be invited to a Step-Up Day/Orientation in June 2025

### Student Information:

I am requesting that my child be allowed to shadow a student at DHS to become familiar with the facilities and course offerings. I understand that while my child is at DHS, they must comply with the rules established for all DHS students. Filling out the following information will assist us in choosing someone in your child's grade level that would be a good fit.

Student Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student Email: \_\_\_\_\_

Your child's current school \_\_\_\_\_ Grade \_\_\_\_\_

Course level your child plans to take at DHS: (circle one) College & Career Ready (CCR) or Honors

Please list all other schools your child has applied to \_\_\_\_\_

\_\_\_\_\_

Circle preferred date for shadowing: March 31st      April 1st      April 3rd      April 4th      April  
7th      April 8th      April 9th      April 10th

Health Concerns (i.e. allergies, medications, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student section to complete:**

Tell us why you want to attend Dartmouth High School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you interested in at Dartmouth High School? (Clubs/sports/specific classes, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Middle School Counselor Section to fill out:**

Students will be allowed to shadow at Dartmouth High School if they have applied to other schools in order to help them determine what high school will be their final choice. By the Middle School Counselor signing below they acknowledge the student is applying to other schools and will also list the schools the student has applied to below their signature.

Middle School Counselor Signature: \_\_\_\_\_

Other schools the student is applying to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your school require a letter from DHS indicating your student was participating in a shadow day experience? If yes, please indicate the email address where to send it to.

\_\_\_\_\_

I understand that I must provide transportation to and from school on that day. When my child arrives at school, they will report to the Security Office and their assigned school counselor will be called to meet him/her there. **Please email this form back to Kim Peach** at [kimberlypeach@dartmouthschools.org](mailto:kimberlypeach@dartmouthschools.org)

**Thank you for your interest in Dartmouth High School!**