Valley Christian High School Shadow Day

Request and Permission Form

Student's Name: _____ M/F

Date of Shadow Day Visit: _____

VCHS offers Shadow Days on Monday and Tuesday. The Admissions Office will confirm your date once approved.

Current School: _____ Grade: _____

Subject Preferences: ☐ Math ☐ Science ☐ English ☐ Spanish

Specific Course Request: _____

Interests: ☐ Art ☐ Band ☐ Orchestra ☐ Chior ☐ Jazz Band ☐ Handbells ☐ Drumline ☐ Robotics ☐ Cheer ☐ Cross Country ☐ Football ☐ Baseball ☐ Basketball ☐ Soccer ☐ Softball ☐ Track ☐ Tennis ☐ Volleyball

Parent's Name: _____

Home Address:_____ City: _____ Zip: _____

Phone Number: _____ Email Address: _____

Emergency Contact Number: _____

List any special medical conditions (if applicable): _____

_____

_____ Date: _____

Parent/Guardian Signature *Your signature indicates your permission for your student to attend a Shadow Day at Valley Christian High School.*

Valley Christian students wear uniforms. A polo shirt with khaki or black pants or shorts or a VC plaid skirt. Shadow day participants must wear similar attire. No jeans, graphic t-shirts, spaghetti straps or midriffs.

VALLEY CHRISTIAN SCHOOLS
EQUIP & INSPIRE

Please email completed form to: info@vcschools.org
562.860.0556 • www.vcschools.org