VALLEY CHRISTIAN MIDDLE SCHOOL

EST. 1935

Valley Christian Middle School Shadow Day

Request and Permission Form

Student's Name: _____ M/F

Date of Shadow Day Visit: _____

VCMS offers Shadow Days on Monday, Tuesday, Thursday and Friday.. The Admissions Office will confirm your date once approved.

Current School: _____ Grade: _____

Subject Preferences: ☐ Math ☐ Science ☐ English ☐ Spanish

Art & Sports Interests:

☐ Band ☐ Orchestra ☐ Choir ☐ Jazz Band ☐ Handbells ☐ Drama ☐ Cross Country ☐ Cheer

☐ 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.

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