Salinas High School

726 South Main Street, Salinas CA 93901 - Phone (831) 796-7400 - Fax (831) 796-7405

Margarita Contreras
Principal

Laura Hammersmith
Assistant Principal

Anthony Morales
Assistant Principal

Angela Perez
Assistant Principal

Katie Zelensky
Assistant Principal

Mark Dover
Activities Director

Art Hunsdorfer
Athletic Director

Student Shadow Information Sheet

Shadow Name _____ Current Middle School _____

Parent Name _____ Contact Number & Email _____

Address _____ City, State, Zip Code _____

Emergency Contact Name _____ Emergency Phone _____

The Salinas High School Shadow Program is designed to provide students who live in our attendance area with an authentic experience of what it is like to be a Salinas High School student. To participate in the shadow program, I agree to the following items:

_____ The student's current residence address is within the Salinas High School attendance area.

_____ The student will obey all school rules including dress code, tardy policy, and appropriate academic behavior.

_____ The student will complete any school work, as if they were a Salinas High Student, including class work, note taking, etc.

_____ The student will remain with their shadow (ASB student) for the entire course of the day.

_____ The student will follow the directives of any Salinas High School staff.

_____Parent plans to attend the informational meeting (optional).

I, the parent of _____, am aware of the Salinas High School Shadow Program rules. I understand that my student is a guest on the SHS campus and may be removed at any time if they are not following the items above. I agree to hold Salinas High School and Salinas Union High School District harmless of liability if the student is involved in any inappropriate activity.

_____
Parent Signature Date

_____
Student Signature Date