



wheaton christian

GRAMMAR SCHOOL

STUDENT SHADOWING FORM

Today's Date: _____ Requested shadow date: _____

Student's Name: _____

Current School: _____ Current Grade: _____

Name/s of WCGS students your child knows: _____

Parent Name: _____

Parent's Email: _____

Address: _____

Cell phone #: _____ Work phone #: _____

Emergency contact/phone: _____

Any health concerns (allergies, medical conditions)? _____

If yes, please explain: _____

In the event neither parent can be reached in an emergency which requires the attention of a doctor, I/we hereby authorize Wheaton Christian Grammar School staff to give legal consent for any medical treatment or procedure while attempting to reach a parent. I/we agree to hold such persons harmless and free of any legal responsibility of any claims, demands, or suit for damages arising from such action.

Parent/Guardian Signature: _____

GENERAL INFORMATION FOR ALL STUDENTS

Shadow visits are from 8:30 to 12:30 for grades 2-5, and 8:30 to 1:05 for grades 6-8.

We respectfully ask that visiting students dress according to our [Appearance Code](#).

Please send a lunch with your child. A notebook, pencil, and a book to read are also helpful.

Weather permitting, students in grades 2-5 will be outside for recess.

For Office Use Only:

Name of Student Ambassador _____ Shadow Date _____

Administrator Signature _____