



BE A PIRATE FOR A DAY!

Come and experience what it's like to be a student at Harbor High School!

Shadow Request Form

This form must be completed and approved by the Assistant Principal of Counseling 48 hours prior to your visit.

➤ Visitor's Information

Student's Name: _____

Current School: _____ Current Grade: _____

Home Address: _____ City: _____

Parent/Guardian Name: _____

Phone Number & Email address: _____

➤ Visit Date

Provide 1st and 2nd choice dates for visit: **Keep in mind that all 6 classes are scheduled on Mondays. All other days are 3 period block days.**

1st choice: _____ 2nd choice: _____

(Optional) Name of Student Guide you are requesting: _____

Specify any classes you are interested in visiting during your shadow day. We will try to accommodate your request.

Please pack a lunch or bring money to purchase food in the cafeteria and your own class homework/book.

Parent/Guardian Signature

Current School Admin. Approval

Date

Harbor High School - Office Use Only

Student Guide Name: _____ Grade: _____

Classes to be visited and Teacher's approval

00 _____ / _____

A1 _____ / _____ B1 _____ / _____

A2 _____ / _____ B2 _____ / _____

A3 _____ / _____ B3 _____ / _____

Administrator's Approval: _____

Shad Coffey, AP of Counseling & Guidance

Date

For more information, please contact HHS Registrar Yesenia Anaya at Ext. 1063 or email yanaya@sccs.net