



Shadow a Pirate 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: _____

Home Address: _____ City: _____

Parent/Guardian Name: _____

Phone Number & Email address: _____

➤ Visit Date

Provide 1st and 2nd choice dates for visit: 1st choice: _____ 2nd choice: _____

Keep in mind that all 6 classes are scheduled on Mondays. All other days are 3 period block days.

➤ (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