

# Valley Christian Middle School Shadow Day Request & Permission Form

Student's Name \_\_\_\_\_ M/F

Date of Shadow Day Visit \_\_\_\_\_

We offer Shadow days Monday - Friday. The Admissions Office will confirm.

Current School \_\_\_\_\_ Grade \_\_\_\_\_

**Arts, Robotics and Sports interests:**

- Art  Band  Orchestra  Chorus  Jazz Band  Handbells  Drama  Robotics  Cheer  
 Cross Country  Football  Baseball  Basketball  Soccer  Softball  Track  Tennis  Volleyball

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Mobile Phone \_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Number(s) \_\_\_\_\_

List any special medical conditions (if applicable): \_\_\_\_\_

Parent: Your signature below indicates your permission for your student to attend a Shadow Day at Valley Christian Middle School.

Valley Christian students wear uniforms, typically a polo shirt with khaki or black pants or shorts or a VC plaid skirt. Shadow day participants must wear similarly appropriate attire. (Please, no jeans, graphic T-shirts, spaghetti strapped tops or midriffs).

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Please email completed form to: [info@vcschools.org](mailto:info@vcschools.org)  
VCS Business office phone: 562/860.0556 vcschools.org