



Valley Christian High School Shadow Day Request & Permission Form

Student's Name _____ M/F

Date of Shadow Day Visit _____

We offer Shadow days on Monday and Tuesday. The Admissions Office will confirm.

Current School _____ Grade _____

Subject Preferences (circle): ☐ Math ☐ Science ☐ English ☐ Spanish

Specific course request _____

Interests: ☐ Art ☐ Band ☐ Orchestra ☐ Choir ☐ Jazz Band ☐ Handbells ☐ Drumline ☐ 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 High 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. (No jeans, no graphic T-shirts, no spaghetti strapped tops or midriffs).

Parent/Guardian Signature Date _____

Please email completed form to: info@vcschools.org
VCS Business office phone: 562/860.0556 vcschools.org

