



Valley Christian Elementary School Shadow Day

Request & Permission Form for grades 4 - 6

Student's Name _____ M/F

Date for Shadow Day _____

Current School _____ Grade _____

Arts, Robotics and Sports interests:

Art Reading Band Orchestra Chorus Robotics Football Basketball Volleyball

Tell us a little about your child: _____

Parent's Name _____

Home Address _____

City _____ Zip _____ Mobile Phone ____/____

Email Address: _____

Emergency Contact Number(s) _____

List any special medical or dietary 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 navy pants or shorts or a VC plaid skirt. Please bring your child in similarly appropriate attire. (No jeans, graphic T-shirts, open-toed shoes spaghetti strapped tops or midriffs).

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

