

Cabrini High School
15305 Wick Rd.
313-388-0110
Shadow-a-Student Form
Fax to: 313-388-1876

Name of visiting student:	Home Phone #:	
Address:	Grade:	Current School:
Date requesting to visit:		

Emergency contacts:

1. Name _____ Relationship _____

Work/Home Phone # _____ Cell # _____

2. Name _____ Relationship _____

Work/Home Phone # _____ Cell # _____

Are there any medical conditions/allergies that we need to be aware of? Yes ___ No ___

If yes, please explain.

In accordance with Cabrini High School's policies, the student visitor agrees to the following conditions:

1. Dress Code: the visitor shall wear their current school uniform and is expected to comply with the Cabrini High School uniform dress code for appropriateness and modesty. If the student is from a school without a uniform dress code, the student will wear attire that closely reflects the current uniform code at Cabrini High School. *(The following is not permitted: shorts, sleeveless tops, leggings, sweats, jeans, athletic shoes, sandals or flip-flops.)*
2. The student will exhibit appropriate school behavior and comply with the code of conduct expected for all students at Cabrini High School.
3. The student will be dropped off and picked up at the school Main Office by his/her parent/guardian.
4. Cabrini High School will assign the guide for the student visit.

I, _____ (name of visiting student), fully understand the terms required of me as a visiting student to Cabrini High School and agree to abide by them.

Visiting student signature

Signature of parent/guardian of visiting student

