

Shadow Permission Form

My daughter has permission to participate in the shadow program at Xavier College Preparatory on _____.
(Date of Visit)

I will leave her at the Attendance Office at 7:40 a.m. and pick her up at the Attendance Office at 2:50 p.m.

(Student's Signature) (Parent/Guardian's Signature)

(Student's Printed Name) (Parent/Guardian's Phone Number)