

# University High School

## Shadow Request Form

**Directions:** A student requesting to shadow another University High School student must have this form completed and returned to the U-High main office seven (7) days prior to the requested visitation date in person between the hours of 8:00am-4:00pm. Late forms will **NOT** be accepted. This form is used for authorization in order for the visit to take place. Forms may be returned in person or scanned and emailed to [mcschanl@ilstu.edu](mailto:mcschanl@ilstu.edu).

**Shadowing is available during the following time periods:**

February 1<sup>st</sup> – 9<sup>th</sup>; February 12<sup>th</sup> (prospective freshman only); February 13<sup>th</sup> – 16<sup>th</sup>; February 20<sup>th</sup> – March 1<sup>st</sup>; and March 25<sup>th</sup> – 28<sup>th</sup>. Shadowing students will meet their U-High student at 7:45am and begin classes promptly at 8am.

The “U-High Way of Life,” based on self-discipline and mutual respect, is essential to the learning process. The following policies are designed to promote self-discipline during the shadowing process. It is the responsibility of each shadow to follow the guidelines of University High School’s student code of conduct. The shadow experience represents the expectations of becoming a member of the University High School community.

**Shadow Expectations:** Respect others; No cell phones or other electronic devices during classroom hours; Follow all classroom rules; Follow directions; Participate in class

**Shadow Information:**

Guest’s Name: \_\_\_\_\_

Guest’s Address: \_\_\_\_\_ Town: \_\_\_\_\_

Current Year in School (*circle one*): 8 9 10 11

Guest’s School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Preferred Host Student: \_\_\_\_\_

1<sup>st</sup> Preferred Visit Date: \_\_\_\_\_ 2<sup>nd</sup> Preferred Visit Date: \_\_\_\_\_

**As a visiting student, I/We hereby agree to follow U-High’s student code of conduct and Shadow Expectations.**

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**VISITING STUDENT – Please have your Administrator sign below:  
I verify that he/she is a student in good standing.**

Administrator’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Administrator’s Title: \_\_\_\_\_

Thank you for your interest,  
Michael Shanley  
Assistant Principal  
University High School