

**PARKVIEW ARTS/SCIENCE MAGNET HIGH SCHOOL 2018-2019  
REQUEST TO SHADOW FORM (PLEASE PRINT LEGIBLY)**

Please fax to Mrs. Mitzi Moore at 501-447-2338, email to [Mitzi.Moore@lrzd.org](mailto:Mitzi.Moore@lrzd.org) or Mail to **2501 Barrow Road, Little Rock, AR 72204** at least a week in advance. You will be contacted either by phone or email to confirm the shadowing date.

Today's Date \_\_\_\_\_

Shadower's Legal Name \_\_\_\_\_ Male/Female (Circle one)

Current Middle School \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent's Legal Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work/Day Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address (REQUIRED) \_\_\_\_\_

Check One: Half Day \_\_\_\_\_ OR Full Day \_\_\_\_\_

Preferred Visit Day \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Freshman Shadowee Request (Legal Name) \_\_\_\_\_

Student's Magnet area of Interest: \_\_\_\_\_

**Dance, Visual Arts, Drama, Band, Vocal Music,  
Orchestra or Science**

**GUIDELINES:**

Requests for shadowing dates are processed in order received. Please complete one form per student. Shadowing slots are limited to **10 per day**. Shadowy should report to Mrs. Moore in the Guidance Office by 8:30am. Students who are shadowing **must be** picked up by 12:45 p.m. (half day) or 3:30 p.m. (full day). After 3:30 p.m., school buses clog the streets and traffic will be heavy.

Shadowers should either bring a sack lunch or money to purchase lunch in the cafeteria. Shadowers should dress appropriately (nothing short, low-cut or revealing), behave respectfully and follow all school rules. Cell phones and other electronic devices are not allowed in classrooms and will be confiscated.

Shadowing dates available are listed below:

**September 18, 19 & 20**

**September 25, 26 & 27**

**October 2, 3 & 4**

**October 9 & 11**

**October 16, 17 & 18**

**October 23, 24 & 25**

**October 30 & 31**

**November 1, 6, 7 & 8**

**November 13, 14 & 15**

**November 27, 28 & 29**

**December 4, 5 & 6**

It is the responsibility of the shadower's parents/guardians to notify his/her current school of his/her shadow visit. The shadower's parents/guardians will assume all responsibility for transportation & all liability and responsibility for the shadower while on Parkview's campus.

I have read and understand the guidelines for the shadowing program. I also understand the Expectation's regarding behavior and dress code while at Parkview.

Signature of Student \_\_\_\_\_

Signature of Parent \_\_\_\_\_