



You can email Dan Tuskey at dtuskey@sfhsnet.org to receive a digital form instead of mailing this form.

2011/2012 Shadow Day Student Parent Form:

Student Name: _____

Current School: _____

Grade in School: _____

Address: _____
Street City ST Zip

Phone Number: _____

Email Address (PRINT VERY CLEARLY): _____

Please circle the dates that work for your child to shadow:

- January: 12th – 17th – 18th – 19th – 24th – 25th – 26th
- February: 7th – 8th – 9th – 15th – 16th – 28th
- March: 5th – 6th – 7th – 13th – 20th – 21st – 22nd
- April: 4th – 11th – 12th – 16th – 17th – 18th – 24th – 25th

If none of the dates above work for your visit, call Dan Tuskey at the number below.

What activities would you like your son/daughter to become involved in at high school?

Name two other schools that you are seriously considering for your student at this time:

1) _____

2) _____

Is this student:

Son/Daughter of a St. Francis Graduate – Name and Grad Year: _____

Sibling of a current or past St. Francis Student - Name(s) and Grad Year(s): _____

Additional information for faculty and staff: