

Shadowing at Forest Heights STEM Academy

We are pleased to announce that there will be opportunities for 5th grade students to shadow at Forest Heights STEM Academy this fall. Shadowing will be limited to the first 3 class periods of the day (7:40 – 10:03).

Please fax your completed request to Mrs. Martha Christie (501-447-2701) or email to [Martha.christie@lrsd.org](mailto:Martha.christie@lrsd.org) at least one week in advance. You will be contacted by phone or email to confirm the shadowing date.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female

Name called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Circle one)

Current Elementary School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Day Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (Required for confirmation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Visit Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Choice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guidelines for Shadowing**

Requests for shadowing dates are processed in the order received. Please complete one form per student. Shadowing slots are limited to 3 per day. Students should report to Mrs. Christie in the Guidance Office by 7:30 AM. Students must be picked up by a parent no later than 10:10 AM. Students should dress according to the LRSD dress policy. Cell phones and other electronic devices are not allowed in the classrooms.

Shadowing dates are listed below:

October: 9 10 11 16 17 18 23 24 25

November: 6 7 8 13 14 15 27 28 29

It is the responsibility of the shadowing student’s parents/guardians to notify his or her current school of the shadowing visit. The shadowing student’s parents/guardians will assume all responsibility for transportation and all liability and responsibility for the shadowing student while on the FHSA campus.

I have read and understand the guidelines for the shadowing program. I also understand the expectations regarding behavior and dress code while at FHSA.

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

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