

**BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL**  
**SHADOWING REQUEST FORM**

Preferred Visit Day: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Please check

Full Shadow Day \_\_\_\_\_ Half Shadow Day \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact info:

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

Please provide an emergency contact number also

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

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

Name of student you would like to shadow: \_\_\_\_\_  
(if applicable)

Activities/Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_

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

**Note to parent/guardian:**

Please return this form via fax, dropped off, email, or by mail to Ms. Hanson, Freshman Counselor no later than a week before preferred visit day. Your child should be at BMCHS front office by 7:45 a.m. Be dressed in either pants or jeans with a nice shirt. Do not wear any shorts, skirts, and/or a low cut shirt. You do not need money for lunch unless you want a soft drink or sport drink. If you have any questions, please contact Ms. Amy Hanson at 842-6638 ext 225 or [hansonx225@mcguinness.k12.ok.us](mailto:hansonx225@mcguinness.k12.ok.us)

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