

BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL
SHADOWING REQUEST FORM

Preferred Visit Day: _____ 2nd choice: _____

Please check

Full Shadow Day _____ 7:45-2:45

Half Shadow Day _____ 7:45-12:05

Name of Student: _____

Name of Parent/Guardian: _____

Contact info:

Phone: _____

Please provide an emergency contact number also

Address: _____

Email: _____

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, 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 pants with a nice shirt. Do not wear any shorts, skirt, and/or a low cut shirt. Shadow students are expected to follow the same rules as our upperclassmen. You do not need money for lunch unless you want a soda or sport drink. Please contact Ms. Amy Hanson if you have any questions, at 842-6638 ext 225 or ahanson@bmchs.org

Bishop McGuinness Catholic High School
801 NW 50th Street
Oklahoma City, OK 73118
www.bmchs.org
858-9550 (fax)