



Know a family who is interested in SCHOOL NAME?

Invite them to spend the day with us!

SHADOW DAY

January 28, 2011 & February 11, 2010

OPEN TO STUDENTS IN GRADES 1-5

*Arrival 8:00 AM dismissal 2:20 PM
Visitors are asked to dress appropriately.*

No jeans or gym shoes.

SPACE IS LIMITED!

**RSVP by
Wednesday October 20:
PHONE NUMBER**



I/We the parent(s)/guardian(s) of _____ request that SCHOOL NAME allow my/our child to participate in the Shadow Day . In consideration for the making of arrangements for this experience, we hereby release SCHOOL NAME and all its employees from any and all liability arising to my/our child as a result of this Shadow Day.

Parent's Signature: _____

Address: _____

Emergency Phone Number: _____

Child Name and Grade: _____

Grammar School: _____