

PROSPECTIVE 6<sup>TH</sup>-11<sup>TH</sup> GRADE STUDENT

# SHADOW DAYS



Shadow Day is a great time to visit our Catholic schools! Each visiting student is paired with a friend or peer with similar interests who serves as our guest's personal guide throughout the visit.

Pre-registration is required. This is for students in grades 6-11; there is a different form for students in grades 1-5. Please fill out the permission form and email it to [admissions@gtacs.org](mailto:admissions@gtacs.org). Questions? Call Lori (231) 995-8425 or Cindy (231) 995-8477.

**On this same day, prospective parents are encouraged to attend the Experience the Difference presentation which is offered from 8:30-9:30 am. Following the presentation, Admissions is happy to provide parents with a personal tour at a building-specific location. Separate registration required. Contact Admissions as noted above to reserve your spot.**

*After our daughter shadowed, she felt more confident about making the transfer, and we really feel it helped ease her transition to the new school.*

*– Shadow Day participant*

Please indicate the date and location of your visit:

- Wednesday, November 2, 2022
- Wednesday, December 7, 2022
  
- St. Elizabeth Ann Seton Middle School**  
601 Three Mile Road  
Traverse City, MI 49696
  
- St. Francis High School**  
123 E. 11th Street  
Traverse City, MI 49684

Guests are asked to wear modest clothing that is as similar as possible to our school uniform (e.g., navy or khaki pants, white, yellow, or navy shirt). No jeans/leggings.

Please check in upon arrival at the school office (7:40 am). Pickup time is 2:40 pm. School lunch will be provided.

**PARENTS:** Your signature indicates your permission for your student to attend Shadow Day at Grand Traverse Area Catholic Schools.

## SHADOW DAY GRADES 6-11 STUDENT INFORMATION & PERMISSION FORM

STUDENT PARTICIPANT NAME

CURRENT SCHOOL & GRADE LEVEL

PARENT NAME

STUDENT'S ADDRESS

CITY/STATE/ZIP

HOME PHONE

CELL PHONE

EMAIL

AREAS OF SPECIAL INTEREST OR CONCERN

GTACS STUDENT PARTNER REQUEST (OPTIONAL)

EMERGENCY CONTACT NUMBER(S)

MEDICAL CONDITIONS AND/OR ALLERGIES

PARENT/GUARDIAN SIGNATURE

DATE