

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.**

**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

*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

## REQUESTED VISIT DATE

- Wednesday, February 8, 2023  
Register by noon on February 6
- We can't make that date but would like to look at future date options

Check in upon arrival at 7:40 am

Pickup time is 2:40 pm

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

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

*\*We will do our best to honor Shadow partner requests; however, in some situations we will need to assign a different partner. The school will communicate with the family in advance.*

## 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