

PROSPECTIVE 1ST-5TH GRADE STUDENT

SHADOW DAYS



Shadow Days are a great opportunity 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 1-5; there is a different form for students in grades 6-11. Please fill out the permission form and email it to admissions@gtacs.org. Questions? Call Admissions (231) 995-8477.

IMMACULATE CONCEPTION ELEMENTARY
314 VINE 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 SHADOW DATE(S)

First choice _____

Second choice _____

Third choice _____

☐ Check in upon arrival at 7:40 a.m.

☐ Pickup time is 11:00 a.m.

☐ Guests are asked to wear modest clothing that is as similar as possible to our school uniform (e.g., navy pants, white 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 "buddy". The school will communicate with the family in advance.

SHADOW DAY GRADES 1-5

STUDENT INFORMATION & PERMISSION FORM

STUDENT PARTICIPANT NAME _____

CURRENT SCHOOL & GRADE LEVEL _____

STUDENT'S DATE OF BIRTH _____

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 _____