



THE PREPARATORY CHARTER SCHOOL
OF MATHEMATICS, SCIENCE, TECHNOLOGY & CAREERS

Chadwick M. Antonio, Ed.D.
Chief Executive Officer

Jo Ann P. Moore, M.Ed.
Assistant Principal

Student Shadow Permission Form

Name of student shadowing: _____ Date: _____

Current grade level: _____ Age: _____

School student is currently attending: _____

Please check one:

11:15 dismissal _____ Full school day _____

I, _____, give permission for my son/daughter to attend Prep Charter High School as a student shadow for the purpose of evaluating the Prep Charter High School program. I understand that s/he will be expected to follow the policies and rules of the school while in attendance.

Parent/Guardian Name: _____

Address: _____

Phone: _____

Emergency contact information if different than above (name/number):

I understand that all persons visiting Prep Charter shall be deemed to have waived all claims against the school for injury, accident, illness or death occurring during or by reason of the shadow visit. I therefore acknowledge that as a condition of my son/daughter/ward visiting the school, I/we waive any and all claims against the Preparatory Charter High School for injury, accident, illness, or death occurring during or by reason of the participation in said activity and represent that I/we are authorized to execute this document on behalf of student.

Parent/Guardian Signature: _____ Date: _____