



GABRIEL RICHARD CATHOLIC HIGH SCHOOL

Shadow Visit: Parent Authorization

Shadowing is an opportunity for prospective students to experience a day as a student of Gabriel Richard. Any student participating in this program must have permission from Gabriel Richard and his/her parent or guardian.

Please Note: There will be no visits scheduled on FRIDAYS or SPECIAL ACTIVITY DAYS. All requests must be submitted and approved at least two school days in advance of visit. All visitors must follow GR student guidelines with regard to classroom behavior and school dress code. If you have any questions, please feel call the GR Admissions Office at 734-284-3636. We look forward to your visit and hope you enjoy the day.

All guests and GR host students are required to check in with the Main Office before proceeding to classes.

General Information: Name of Visiting Student: _____
(Please print clearly)

School currently attending: _____ Grade _____

Date of requested visit to GR: _____ Parish Membership: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent E-mail: _____

Student E-mail: _____

Is there a GR student you would like to shadow?* (Please list): _____

Parent Authorization: (Please be sure to let your son/daughter's school know that he or she will be absent on the day of their visit to Gabriel Richard High School. Thank you!)

My son/daughter: _____, has my permission to attend Gabriel Richard Catholic High School, 15325 Pennsylvania Road, Riverview, MI for a Shadow Visit on _____. I am aware that my son/daughter is expected to follow the rules and regulations set forth in the GR Student Handbook as it pertains to appropriate classroom behavior and student dress code.

In the event of an emergency, I may be reached at: _____ / _____
(Daytime Phone Number) (Cell Phone Number)

Special Notes/Instructions: _____

Signature of Parent or Guardian Please Print Name of Parent/Guardian

Consent and Authorization of GR Parent:
My son/daughter has permission to bring the above-named guest to school on the date indicated. If there are any questions, I may be reached at the following phone number: _____

Signature of GR Parent/Guardian: _____ Date: _____