

SHADOW DAY PERMISSION FORM

Milwaukee Collegiate Academy • 4030 N. 29th Street • Milwaukee • 53216 • (414) 873-4014

USE BLACK OR BLUE INK ONLY

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Student Name

Grade Level

Date of Shadow Visit

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Parent/Guardian Name

Phone Number

Email Address

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Street Address

City

State

ZIP

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Emergency Contact

Phone Number

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Please list any medical conditions

The signatures below indicate your permission for the above student's attendance at a Shadow Day at Milwaukee Collegiate Academy. Student participants will be paired up with a MCA student for the day, "shadowing" his/her classes. **Shadow Day participants must be dressed in appropriate attire (no jeans, no sneakers, etc.) consistent with the school uniform policy at MCA (polo shirt, khaki slacks for boys, polo shirt, skirt or khaki slacks for the girls).** A signature from a school administrator of the participant's school is also required if the student will miss any regularly scheduled school time. It is the expectation of Milwaukee Collegiate Academy that every effort be made to schedule a Shadow Day in a manner that the student participant will not miss a regularly scheduled school day.

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Parent/Guardian Signature

Today's Date

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Student/Participant Signature

Today's Date

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School Administrator Signature

Today's Date

(Necessary only if your school is in session on Shadow Day)

This form needs to be turned into the Office upon arrival to Milwaukee Collegiate Academy on the morning of the Shadow Day.