



THE FOUNDERS ACADEMY

Shadow Day Permission Form

Updated: November 13, 2019

Shadowing Student's Name: _____

Date of Shadow Day: _____

Shadow Times: _____

Parent's Name: _____

Parent's Best Contact Information: _____

Pick Up Contact Information (if different from Parent) _____

Emergency Medical information (if any e.g., known allergies, EpiPen, medication, etc): _____

Note: The Founders Academy welcomes and values prospective students. All prospective students must be in compliance with our school's mission, rules, and procedures as well as state and federal laws.

Parent Signature

Date