



ANTONIAN COLLEGE PREPARATORY HIGH SCHOOL

SHADOW VISITS FOR ADMISSION

SHADOW VISITS ARE NOT A REQUIREMENT IN THE ADMISSIONS PROCESS.

Most families are able to make a decision about pursuing admission based on our open house tours; however, some families may still be undecided after a tour. For these families, Antonian does permit shadow visits by current 8th grade students seeking admission to the freshman class. All shadow visits must be pre-arranged with the Director of Admissions. A shadow visitor is only permitted to shadow a student in the present freshman class. If the student has no requested shadow host, an Antonian student with similar interests will be asked to be the host. When visiting, a student should wear his/her current school uniform. If a student attends a school which does not require uniforms, modest attire is suggested (no jeans). Shadow visitors will receive a complimentary meal ticket for the hot lunch served that day.

2018 Shadow Days: Monday through Thursday from

November 1, 2018 through Wednesday, December 6, 2018

***Excluding November 5th and Thanksgiving Week: November 19th - 23rd**

Student name: _____ Gender: _____

School presently attending: _____

School-related activities in which student is interested: _____

Requested shadow host (if applicable): _____

Date request #1: _____

Select one of the following: Full Day (8:40 to 3:30) Morning (8:40 to 12:15) Afternoon (11:20 to 3:30)

Date request #2: _____

Select one of the following: Full Day (8:40 to 3:30) Morning (8:40 to 12:15) Afternoon (11:20 to 3:30)

(Confirmation of date will be sent via e-mail to the address provided below.)

Parent name (print): _____ Phone Number: _____

Parent E-mail Address: _____

I hereby grant my son/daughter permission to spend the day at Antonian College Preparatory High School as a guest. I understand that he/she will be expected to abide by all the rules and regulations of Antonian. I also hereby release Antonian and its agents from any liability in the event of any accidental injury to my son/daughter and, if deemed necessary in the best judgment of an appropriate representative of Antonian, permission is hereby given for Antonian to secure needed aid. As referred to here, "medical aid", means any diagnostic or therapeutic measure necessary to care for such accident or illness by a qualified provider.

Signature of Parent/Guardian: _____ Date: _____

Approval of Administrator of Student's Middle School is required prior to submitting request:

Administrator's name (print) Administrator's signature Date