



Families of Faith Christian Academy

24466 W. Eames Street PO Box 277 ~ Channahon, IL 60410
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FOFCA STUDENT SHADOWING FORM

Name of Student Shadowing _____ Present grade _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

School Presently Attending _____ Location: _____

I, _____, parent/guardian of the above named student, give my permission for him/her to participate in the shadowing program at FOFCA.

Parent Signature: _____ Date: _____

Emergency Contact Name: _____ Phone Number: _____

Medical Information: _____

Student your child will be shadowing _____

Reason for shadowing _____

Date Requested for Shadowing: _____ Shadowing Time Request: _____

Additional Info about potential student (including interests, personality, academic inclinations, hobbies):

Visiting Student: Please Read

- Visitors should arrive 10-15mins early and sign in at the front office.
- Parents may pick up their son/daughter in the front office at the end of the time shadowing.
- Students should bring a sack lunch and may purchase milk for \$.50.
- Student must wear dress clothes: dress pants with nice shirt/sweater etc. Only modest clothing will be allowed.

Thank you for your interest. We look forward to meeting you!