



# Families of Faith Christian Academy

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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 (if known) \_\_\_\_\_

Reason for shadowing \_\_\_\_\_

Date Requested for Shadowing: \_\_\_\_\_ Half Day \_\_\_\_\_ Full Day \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

IEP and/or Educational Accommodations Required:

\_\_\_\_\_

### **Visiting Student: Please Read**

- Visitors should arrive at 8:15am 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 clear water bottle.
- 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!***