



# CHURCHILL HIGH SCHOOL VISITOR FORM

TODAY'S DATE: \_\_\_\_\_ SHADOW DATE REQUESTED: \_\_\_\_\_

Students should arrive between 7:00-7:15 a.m. and report to the Main Office to check in. They will shadow with a student mentor 1<sup>st</sup> – 4<sup>th</sup> hours, with dismissal at 12:20 p.m. Students can bring their own lunch or buy lunch in our school cafeteria.

STUDENTS NAME: \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT'S WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENT'S DAYTIME E-MAIL ADDRESS: \_\_\_\_\_

REASON FOR VISIT:  Incoming 9<sup>th</sup> Grader (2018-2019)  New Enrollment (10-12<sup>th</sup> grade)  Out of Town Guest

My child is interested in visiting the following World Language(s)  French  German  Spanish

My child is interested in  CAPA (acting, dance, vocal)  Visual & Performing Arts (Art & Music)  Vocational & Life Skills

List athletic interests: \_\_\_\_\_

List extra-curricular interests: \_\_\_\_\_

I GIVE MY PERMISSION FOR MY SON/DAUGHTER \_\_\_\_\_  
TO VISIT CHURCHILL HIGH SCHOOL. I AM AWARE THAT HE/SHE MUST ADHERE TO ALL SCHOOL POLICIES.

Parent's Signature: (Required) \_\_\_\_\_

Signature of student's present administrator: (Required) \_\_\_\_\_

\*PLEASE NOTE: This completed form must be returned to: CHS Scheduling Office 8900 Newburgh Rd., Livonia, MI 48150 or faxed to 734-744-2653 or emailed to [nhunter2@Livoniapublicschools.org](mailto:nhunter2@Livoniapublicschools.org), at least 2 days prior to your visit in order to allow sufficient time to notify all faculty members of your presence on campus.

\* Questions: Please contact CHS Scheduling Office at 734-744-2650 ext. 46102