

Shadowing Request Form
AMOS P. GODBY HIGH SCHOOL



Prospective Student Information:

Student Name: _____ Parent Name: _____

Address: _____

Day Time Phone #: _____ Enrolled School: _____

Current Grade: _____ Email Address: _____

Specific Program wishing to observe: ___ Aviation
 ___ Information Technology
 ___ Engineering
 ___ Avid
 ___ Welding

Students will need to be in the front office by 7:15 a.m. and will need to be picked up by 2:00 p.m. on the shadowing day.

Shadowing is available **February 5th, 6th, 7th, 12th, 13th, 14th**. Please list your top two choices below. You will be contacted by a Godby Staff member to confirm your shadowing date.

Day Choice #1: _____ Day Choice #2: _____

As a prospective Godby High School student, I wish to shadow a currently enrolled Godby student and agree to abide by all of Godby High School policies and procedures.
I understand that visiting students are not allowed to leave campus during lunch.

Student Signature

Date

Parent Signature

Date

Assistant Principal of Current School Signature

Date