



# Lutheran High School – Kansas City Shadow Day Permission Form

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Student's Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Current Grade in School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent's e-mail: \_\_\_\_\_

Shadow Date Preference: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Co-Curricular Interests: \_\_\_\_\_  
\_\_\_\_\_

Important medical or other information LHS should know about this student:  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

LHS student being shadowed: \_\_\_\_\_

Shadow Date: \_\_\_\_\_

Campus Tour scheduled: \_\_\_\_\_