



Shadow Form for Prospective Student

Student's Name: _____

Current School / Grade: _____

Parent/Guardian #1: : _____

Daytime phone: _____ Cell Phone: _____

Parent/Guardian #2: _____

Daytime phone: _____ Cell Phone: _____

Emergency Contact (If Parent can't be reached): _____

Parent / Guardian Signature: _____ Date: _____

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1. Does Student have any Allergies? Yes No

If Yes, please explain _____

2. Does Student carry an EpiPen? Yes No

3. Does Student have Asthma? Yes No If Yes, does Student carry Inhaler? Yes No

4. Does Student have any Health Concerns TVHS should be aware of? Yes No

If Yes, please explain _____

General Information for Visiting Students

- Visitors should arrive to meet their TVHS student partner by 7:45 AM
- Classes at TVHS end at 2:50PM
- Hot lunch is available for purchase (\$3.75) or students may bring their own lunch
- Questions? Contact TVHS @ (518) 862-4960