



CICERO PREPARATORY ACADEMY

A Great Hearts Academy

7205 North Pima Road | Scottsdale, AZ 85258 | Office: (480) 424-1790 | Fax: (480) 424-1791 | www.ciceroprep.org

STUDENT SHADOW REQUEST FORM

Please return this completed form via email to ndacorte@ciceroprep.org OR fax to 480-434-6614

Student Name: _____ Male/Female _____

Entering Grade Level for 2016-2017: _____

Interests/Activities (both academic and extra-curricular):

Student's Current School: _____

Does your student know a current Cicero Prep student? Please provide student's name:

Favorite subject in school: _____

Date Requested for Shadow Day: _____

Half Day (7:45am-12:10pm-bring Lunch) _____ Full Day (7:45am-2:15pm) _____

Please allow 24 hours to process your request.

Emergency Contact Info (who to contact on the Shadow Day) _____

Phone Number: _____ Email: _____

Please note that Cicero Prep students are required to wear a uniform while on campus. Shadow students are asked to dress in clothing as similar as possible to the Cicero Prep uniform. For your shadow day, please wear a white or navy blue polo shirt with khaki pants or shorts. Shirts should be tucked in and a brown or black belt should be worn. Thank you, and we look forward to meeting your prospective Cicero Prep student.

By signing this document, I hereby waive and release Cicero Prep Academy, its employees, staff and students, from any and all liability for any injuries and/or illness incurred while my child or guardian is visiting the school campus. To the best of my knowledge, my child or guardian has no mental or physical limitations which could affect his/her successful participation in Cicero Prep Academy shadow program.

Signature of Parent/Guardian: _____ Date: _____

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(For Office Use Only)

Section Assignment: _____

Shadow Buddy: _____