Shadow Visit FOR 8th GRADE GIRLS

Instructions to parents: MONDAY, **SEPTEMBER 14 IS THE FIRST DAY TO CALL** FOR SHADOW VISIT APPOINTMENTS.

1. Print this form *before* you telephone the Admissions Office.

2. Call the admissions office on (but not before) Monday September 14 at 415-334-0525 ext. 243 to schedule a visit and complete this form.

3. After you have phoned to schedule the Shadow Visit, this completed form must be **faxed** to 415 334-9726 to **confirm the reservation** for your daughter's visit.

4. Note the appointment date and time on your personal calendar(s).

5. Retain this completed form for reference until the Shadow Visit has concluded.

Please complete:
I request and authorize that my daughter _____
Student's First Name / Last Name

visit Mercy High School-San Francisco on _____
Date

from _____AM* to _____AM/PM*

[ ] I will remind my daughter to bring a book to read on the day of her Shadow Visit.
(please check)

_____/_____
Parent's Name (Please Print) Signature Date

_____
Student's home address City ZIP CODE

_____
STUDENT'S CURRENT SCHOOL STUDENT'S CURRENT GRADE

_____/_____/_____
Home Phone # daytime phone # if different cell phone #s

➔**CIRCLE THE PHONE NUMBER THAT YOU WANT USED IN AN EMERGENCY DURING YOUR DAUGHTER'S SHADOW VISIT.**

***PLEASE NOTE:** It is vital that your daughter *arrive and depart* on time for this Shadow Visit as the Mercy student who will be helping her must be on time for all classes. Your daughter's visit will *begin and end* in the Main Lobby.

Please contact the admissions office with any questions: rhontalas@mercyhs.org or **415-334-0525 ext. 243**