

Leon High School Shadowing Request Form

Prospective Student Information:

Student Name: _____ Male or Female

Parent Name or Legal Guardian: _____

Home Address: _____

Parent Day Time Phone #: _____ email: _____

Currently Enrolled School: _____ Grade: _____

Name of Leon student you are requesting to shadow: _____

If you would like to be assigned to a Leon student, please choose one elective you would like to observe: art, drama, chorus, band, guitar, steel drums, dance, jazz, orchestra, construction, Intro. to Business Technology

Date Requesting to Shadow (month of February only): _____

As a prospective Leon High School student, I wish to shadow a currently enrolled Leon student and agree to abide by all Leon High School policies and procedures*. Cell phone use is not allowed in any classroom. Visiting students will not be allowed to leave campus during lunch.

Student Signature

Parent Signature

*Please review our dress code and policies online by visiting www.leon.leon.k12.fl.us and clicking on "2011-2012 Student Agenda Book"

Due to the volume of students wishing to shadow, only students currently enrolled in private schools or in the Pre IB program will be accepted.

Complete this form and email to twyman@leonschools.net or fax to (850) 922-5311.

You will be contacted in advance to confirm your shadow date. If you have not been contacted in advance, please call at least 24 hours before your requested date.

Paige Twyman ~ Curriculum Secretary ~ 850-617-5703 or 850-488-1971