



SANTA CRUZ CITY SCHOOLS
SHADOW DAY PERMISSION SLIP

To get a first-hand look at our schools, we encourage transfer students to spend a day with us. During a Shadow Day, visiting students are paired with a SCCS student for the day. We have found that visitors who participate in this unique Shadow Day experience leave with a full perspective of the offerings at Santa Cruz City Schools.

I, _____, give permission for my son/daughter
Parent Name
_____ to attend _____ School as a student
Student Name Name of School

shadow for the purpose of evaluating the School's program. I understand that s/he will be expected to follow the policies and rules of the School while in attendance.

Name of Student Participant _____

Current School _____ Grade _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone: (_____) _____

Email Address: _____ @ _____

Emergency Contact Number(s):
(_____) _____

List any special medical conditions (if applicable): _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Shadowing must be arranged with school administration at least one week in advance of the shadow date.

Thank you for participating in a Shadow Day at Santa Cruz City Schools!



BE A PIRATE FOR A DAY!

Come and experience what it's like to be a student at Harbor High School!

Shadow Request Form

This form to be completed and approved by the Assistant Principal of Counseling one week prior to your shadow day.

➤ Harbor's Schedule

Harbor has an 8 period bell schedule with alternating A/B days. All classes are scheduled on Mondays, A day classes on Tuesdays/Thursdays and B day classes on Wednesdays/Fridays. Classes begin at 8:30am all days. On Monday classes end at 3:10pm and the rest of the week at 3:35pm. Students may also have open periods in their schedule.

➤ Visit Details

Please Provide 1st and 2nd choice dates for visit:

1st choice: _____ 2nd choice: _____

Name of Student Guide you are requesting: _____

Specify any classes you are interested in visiting during your shadow day. We will do our best to accommodate your request.

Please pack a lunch or bring money to purchase food in the cafeteria and your own class homework/book.

Harbor High School - Office Use Only

Student Guide Name: _____ Grade: _____

Classes to be visited and Teacher's approval

A1 _____ / _____ B1 _____ / _____

A2 _____ / _____ B2 _____ / _____

A3 _____ / _____ B3 _____ / _____

A4 _____ / _____ B4 _____ / _____

Administrator's Approval: _____

Shad Coffey, AP of Counseling & Guidance

Date

For more information, please contact HHS Registrar Estevan Cortez at Ext. 51063 or email estevancortez@sccs.net

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