

Today's Date: _____

Days that work best for you to shadow a Providence student: ___ M ___ T ___ W ___ TH ___ F

Student Information:

First _____ Last _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Expected Year of Entry ___ 2011/2012 ___ 2012/2013

Entering Grade _____

Present School Attending _____

Parent/Guardian Information:

First _____ Last _____

Occupation _____ Place of Business _____

Relationship to Student _____

E-mail Address _____ @ _____

Home Phone (____) _____ Cell Phone (____) _____

Which electives interest you? (Check off all that apply)

- Band
- Broadcast Journalism
- Choir
- Theatre
- Dance
- Foreign Language: ___ Spanish ___ French ___ Latin
- Visual Arts

What classes would you most like to see? (Check off top three choices)

- Computers/Technology
- English
- History/Government
- Math
- Religion
- Science

What sports/activities are you interested in? (Check off top two choices)

- Basketball
- Bowling
- Softball
- Soccer
- Swimming
- Tennis
- Track/Cross-Country
- Volleyball

Additional information you would like to share: _____

