



Community Christian School  
1300 19<sup>th</sup> Ave SW  
Willmar, MN 56201  
320.235.0592

## SHADOW PROGRAM REQUEST FORM

Today's date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade/class you wish to shadow: \_\_\_\_\_ Date requesting: \_\_\_\_\_

Current grade: \_\_\_\_\_ Current school: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Academic Interests: \_\_\_\_\_

Athletic Interests: \_\_\_\_\_

Extra Curricular Interests: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Questions or comments:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return in person or fax completed form to 320.235.0620