



SHADOW DAY PERMISSION FORM

To get a first-hand look at Grace Christian, we encourage transfer students to spend a day with us. During a Shadow Day, visiting students are paired with a GCS 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 GCS.

Name of Student Participant _____

Date of Shadow Day Visit _____

Current School _____ Grade _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone (_____) _____

Email Address: _____ @ _____

Emergency Contact Number(s) _____

List any special medical conditions (if applicable): _____

Thank you for selecting Grace Christian School for a Shadow Day!

I request my student be allowed to participate in a GCS shadow day and specifically consent to his/her participation in all class activities. If any emergency medical procedures or treatment are required during the day, I consent to the school administration taking, arranging for or consenting to the procedures or treatment at her/their discretion.

I understand and accept that the GCS does not carry accident insurance. It is the responsibility of the family to cover any related expenses. I expressly agree to reimburse GCS, its individual members, agents, employees and representatives, as well as staff administrators, for any losses, damages or injuries arising out of, during or in connection with my student's participation in the school day, including the costs incurred for the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian Signature _____ Date _____

Student/Participant Signature _____ Date _____

This form needs to be turned into the main office upon arrival to Grace Christian School on the morning of the Shadow Day. **Shadow Day participants must be dressed in appropriate attire (no jeans) consistent with the school uniform policy at GCS (white, navy, or gray polo shirt and khaki, navy or gray slacks).**