



LIBERTY CHRISTIAN SCHOOL

301 West Normantown Road – Romeoville, IL 60446

Phone: 815-290-9970 – Email: tdavis@lcsknights.com – Website: www.lcsknights.com

LCS STUDENT SHADOWING FORM

Name of Student Shadowing _____ Present grade ____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

School Presently Attending _____ Location: _____

I, _____, parent/guardian of the above-named student, give my permission for him/her to participate in the shadowing program at LCS.

Parent Signature: _____ Date: _____

Emergency Contact Name: _____ Phone Number: _____

Medical Information: _____

Student your child will be shadowing (if known) _____

Reason for shadowing _____

Date Requested for Shadowing: _____ Half Day _____ Full Day _____

Additional information about potential student (including interests, personality, academic inclinations, hobbies): _____

IEP and/or Educational Accommodations Required:

Visiting Student: Please Read

- Visitors should arrive at 8:15am and sign in at the front office.
- Parents may pick up their son/daughter in the front office at the end of the time shadowing.
- Student should bring a sack lunch and clear water bottle.
- Student must wear dress clothes: dress pants with nice shirt/sweater etc. Only modest clothing will be allowed.

Thank you for your interest. We look forward to meeting you!