

Shadow Day Information

We are excited to welcome your child to participate in a Shadow Day at Stonehaven. This interaction helps both you and Stonehaven determine if we are a good fit for each other. It will be a fun, informative opportunity for your child to experience a day in the life of a Stonehaven student!

Please complete and sign the attached Emergency Release Form and bring with you, along with the items listed below. Our regular school day is 8:15am-3:00pm for the Lower School and 8:30-3:15 for the Upper School. We have shortened the Shadow Day to allow for a smooth transition into and out of the classroom. Students will attend a Shadow Day in the grade in which they are currently enrolled. For example, a rising 3rd Grade student will shadow in a 2nd Grade classroom.

Rising Grade	Schedule	What to Bring
2 nd – 6 th Lower School	10:00am – 2:00pm	Water, Lunch, Emergency Release form
7 th – 11 th Upper School	10:50am – 3:00pm	Snack, Water, Lunch, Emergency Release form

Drop-off and pick-up:

Drop-off and pick-up your child in the front office. We find that the transition is easier for students if they say good-bye to parents in the front office instead of at the classroom door.

What to Wear:

Students may wear modest casual clothes appropriate for school. During winter months, send warm clothing for playing outside. We have a “no character” policy at our school (no Disney, Barbie, etc.).

Electronic Guidelines:

While the school understands a parent’s right to give a cell phone to their child, students are not allowed to use their phones during the school day. All cell phones must be turned off and placed out of view before entering the school building and must remain off and out of view during the entire school day. All student phone calls during school hours must go through the school office.

Lower School Campus:

1480 Joyner Avenue
Marietta, Georgia 30060

Upper School Campus:

1650 Old Concord Road
Marietta, Georgia 30060

The Stonehaven School Emergency Release Form

Parents' Names:

Name of Child:	_____	DOB:	_____
Name of Child:	_____	DOB:	_____
Name of Child:	_____	DOB:	_____
Name of Child:	_____	DOB:	_____

Street Address: _____

City, State, Zip: _____

Home Phone #: _____

Cell Phone #:	Mother: _____	Father: _____
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Neighbor / Relative:	_____	Phone #:	_____
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Physician:	_____	Phone #:	_____
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Please review the "Student Health & Medication Policy" section of the Student / Parent Handbook found on our website to insure you understand these policies.

MEDICAL ALERT: Please provide **ANY** information pertaining to the health of your children that we should know in the case of an emergency (medical conditions, allergies, medications, surgeries, etc.).

I hereby authorize The Stonehaven School to call an emergency ambulance in case an accident or acute illness occurs and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician may treat and do whatever is medically necessary for the health and well being of my child. Every attempt will be made to contact parents and their designated physician.

I also agree to accept responsibility for the cost of the above medical services that are above and beyond the insurance carried by The Stonehaven School.

Parent/Guardian Signature:

Date:
