



SHADOW VISIT

THANK YOU FOR YOUR DECISION TO VISIT ARCHBISHOP SPALDING HIGH SCHOOL. WE LOOK FORWARD TO HAVING YOU AS OUR GUEST. WE ENCOURAGE EVERY PROSPECTIVE STUDENT TO GET A "FEEL" FOR THE ATMOSPHERE OF THE SCHOOLS IN WHICH HE OR SHE IS INTERESTED. PLEASE COMPLETE AND RETURN THIS FORM PRIOR TO YOUR SHADOW DATE.

Archbishop Spalding High School 8080 New Cut Road Severn, MD 21144

How you would like to receive information/details about your visit (hours, dress code, etc) ?

Mail

Email (address _____)

Fax (number _____)

Student name: _____ Gender: _____

Name as you would like it to appear on the nametag: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Student email: _____ Telephone: _____

Current school: _____ Current grade: _____

Class of _____ (anticipated year of high school graduation)

Parent/Guardian name(s), please print: _____

Parent/Guardian email: _____

Requested host (current A.S.H.S. student): _____ (if applicable)

Requested date(s) of visit: _____ or _____

If the date has already been confirmed by phone check here

IF YOU NEED TO CANCEL OR RE-SCHEDULE PLEASE CALL (410) 969-9105 EXT 232

Interests (band, chorus, specific sports, activities, particular subjects, honors courses, Aquinas program, etc.):

Relevant medical information (allergies, medication currently taken, etc.):

Emergency phone number(s) for shadow date:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Parent/Guardian signature: _____

Check here if you would like a personal meeting with the Director of Admissions