

HACKENSACK HIGH SCHOOL

Guidance Department

Hackensack, New Jersey 07601
(201) 646-7920 Fax: (201) 646-1416

Shadowing Program Application

I have requested and agreed to allow my child, _____ to shadow a student for the day at Hackensack High School. I understand that they will be paired with a student whose course load may reflect their **future** schedule. Students visiting Hackensack High School must reside in one of the four sending districts and behave according to our Discipline and Code of Conduct available on the Hackensack High School website in the section "For Parents and Guardians".

Students are to report to the **Guidance Office** at the beginning and at the end of the day for security purposes. Our school day begins at 8:15 and ends at 2:25.

Please email the completed application and a copy of your current school schedule to Kara Ferrazzano in the HHS Guidance Department kferrazzano@hackensackschools.org

Once your request has been processed by Hackensack High School, you will receive a call to set a date.

Parent/Guardian name: _____

Email Address: _____

Telephone #: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Student's Current School: _____

Student's Current Grade level: _____

Important Medical Issues: _____

Parent/Guardian electronic Signature: _____ Date: _____

9th grade student request to Shadow (not required and not all requests can be honored):

*** Any medical issues that may require the administration of medication during the school day may require a release form from the health office.**