



ADMISSIONS OFFICE

MATIGNON HIGH SCHOOL

ONE MATIGNON ROAD, CAMBRIDGE, MASSACHUSETTS 02140
T: 617-876-1212 EXT. 11 F: 617-491-4015

STUDENT-SHADOW PROGRAM STUDENT APPLICATION

PLEASE FILL OUT THE FOLLOWING INFORMATION, CHOOSE A DATE AND THEN FAX OR MAIL THIS FORM TO MATIGNON HIGH SCHOOL.

You will receive a confirmation email approximately three days prior to your visit.

SHADOW STUDENT INFORMATION

NAME: _____ SEX: M F
Last First Middle

ADDRESS: _____ PHONE: () _____
No. Street City Zip Code

CURRENT GRADE _____ DATE OF BIRTH: ____ / ____ / ____
M D Y

SCHOOL YOU NOW ATTEND: _____
Name City/Town Telephone No.

HOBBIES / INTERESTS: _____

MATIGNON HIGH SCHOOL STUDENT AMBASSADOR:

Please mark here if you know a Matignon High School student that your child would like to shadow for the day. Please leave blank if you do not know a student and we will pair your child with a student who has similar interests.

*I, as parent/guardian of _____, request that Matignon High School allow my daughter/son to participate in the Shadow Program on ____ / ____ / ____
Day M D Y*

Further, I release and save harmless Matignon High School and any and all personnel of the school from any and all liability for any injuries, loss or other claims arising out of or resulting from this visit in conjunction with the Shadow Program.

PARENT NAMES (PRINT): _____

Parent or Guardian's Signature _____

DAYTIME CONTACT PERSON (SHADOW DAY): _____

CONTACT PERSON PHONE: () _____ E-MAIL: _____

It is the responsibility of the parent/guardian to notify the current school concerning the student's absence for the Shadow Program at Matignon High School.