**SHADOW DAY PERMISSION SLIP**

**Instructions:**

**1. Complete the information below.**

**2. Ask parent and a school administrator to sign this slip giving you permission to shadow at Girls Leadership Academy of AZ.**

**3. Bring/ Fax this permission slip to GLAAZ at least one week prior to your first date of preference. (Please note: Students will not be allowed to shadow without a signed and completed permission slip).**

Student’s Name

Address

City      State      Zip

Current School       Current Grade Level

Emergency Contact:

 Name Phone Number

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Shadow Day: 1.

 2.

Current School Administrator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Attn Administrator:*** *We understand that each student’s first order of business is to successfully complete current school work. If your student has requested to shadow on a day on which you do not approve, please indicate below.*

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Girls Leadership Academy of AZ

715 W. Mariposa Avenue

Phoenix AZ 85013

TEL: 602-288-4518 FAX: 602-288-4118