Pike High School/Freshman Center
Shadowing Application
Application must be returned to the Guidance Office at least 3 school days prior to visitation.

Please Print

Student name: _____ M or F Grade: _____
(Student to visit PHS/PFC)

Address: _____ Zip_____

Parent name: _____

Home phone: _____ Parent Email Address: _____

Date requesting to shadow: _____or_____ Possible enrollment date: _____
1st choice 2nd choice

It is understood that the student listed above will follow the rules and regulations of Pike High School. Failure to do so could result in removal from school.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

School currently attending: _____

Name ONE area of special interest you would like to experience if possible_____

To Home School Principal:

The student listed above is requesting to visit Pike High School. Your signature indicates knowledge of this visitation.

Principal Signature_____ Date_____

_____ Check here if you need PHS staff to secure a student host for you to shadow.

_____ Check here if there is a student you are requesting as your host.

_____
(Name of student host requested)

Please call PHS Guidance office at (317) 387-2605 if there are any questions regarding the shadowing program.

Mailing address: 5401 W. 71st Street, Indianapolis, IN 46268 **FAX:** (317) 216-5454

Administrator approving application_____ Date_____