

Incarnate Word High School Shadowing Program

***Incarnate Word High School
Shadow Program***

Is Incarnate Word High School for you? You will not really know until you visit us during the school day and spend some time on our campus meeting faculty and speaking with other students. Students who attend all-girls schools become strong leaders. Incarnate Word offers you the chance to "do it all"—to be a student council officer, to edit the school newspaper, to score the winning run, to be a club president or to manage a team. The Shadow Program is a very valuable, as well as popular, research experience. A middle school student obtains a personal look at Incarnate Word’s impressive single-gender environment while meeting future classmates and teachers. The day runs from 8:00 a.m. to 2:50 p.m. Report to the main lobby at 7:50 a.m., bring your lunch and wear your current uniform. Please call the Admissions Office at least one week in advance for more details and to schedule a visit.

In an effort to assist you and your daughter in planning your “Shadowing Day” in the upcoming school year, the Enrollment Office would like to inform you of those days when it ***would not be recommended*** to shadow due to modified schedules and special programs. Please take a look at the dates listed below:

<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
16 th - 20 th	6 th	4 th - 13 th	24 th - 26 th	13 th - 17 th
	15 th	21 st - 22 rd		20 nd - 31 st
	24 th	29 th		

<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>
1 st - 5 th	4 th	11 th	15 th	12 th - 31 st
17 th	16 th	14 th - 18 th	20 th - 22 nd	
	21 st	25 th	25 th	

Note: May 11th is the last day for any eighth grader or transfer student to shadow at IWHS

Contact the Office of Enrollment at (210) 829-3123 for more details to set up your “**shadow a shamrock**” day!!

**Incarnate Word High School
727 E. Hildebrand
San Antonio, Texas 78212**

Aspire Believe Achieve

Incarnate Word High School Shadowing Program

Section I - To be Completed by the Prospective Student (at least three (3) days prior to the visit)

Name of visiting student:		Address of visiting student:	
Current school visiting student attends:	Grade:	Has the visiting student ever been enrolled at IWHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date requesting to visit:	Time of visit:	Reason for visit:	

Emergency contacts and daytime phone numbers: 1. _____
2. _____

What are your extracurricular interests?

In accordance with the visitor's policy as stated in the IWHS Handbook, the visitor agrees to the following conditions of her visit:

1. **Dress Code:** the visitor should wear her own school uniform or is expected to comply with the IWHS non-uniform dress code. Attire should be modest and school appropriate.

Permitted - skirts, dresses, split skirts, neat blue jeans without holes, athletic shoes, or closed shoes.

NOT permitted - shorts, spaghetti strap or strapless tops, leggings, sweat suits, flip-flops, pajamas, or midriff-bearing attire.

2. The visiting student will display exemplary behavior during her visit to IWHS.

I, _____ (name of visiting student), fully understand the terms required of me as a visiting student to IWHS and agree to abide by them.

Visiting student Signature

Signature of parent(s) of visiting student

Section II - To be Completed by Prospective Student's Current School Administration

Incarnate Word High School supports attendance policies of other schools in the city. For this reason, requests to visit IWHS will be denied if the visiting student will miss a school day at her own school. Exceptions will be granted only if permission is granted the visiting student's current school administration.

Will this student be counted absent from your school? Yes _____ No _____ Excused Absence _____

Signature of school administrator

Printed name of school administrator

Section III - IWHS Host Student

Name of IWHS host student	Grade level	Advisory	Advisor
---------------------------	-------------	----------	---------

For IWHS Administration Use Only

Approval granted by: _____ Date: _____
_____ Office of Enrollment (Original) cc: _____ Karen Reiniger