



Salinas High School

726 South Main Street, Salinas CA 93901 • Phone (831) 796-7400 • Fax (831) 796-7405

Student Shadow Information Sheet

Elizabeth Duethman
Principal

Shadow Name _____ School of Residence (currently) _____

Parent Name _____ Contact Number _____

Hugo Mariscal
Assistant Principal

Address _____ City _____ Zip Code _____

Ernesto Pacleb
Assistant Principal

Emergency Contact Name _____ Emergency Phone _____

The Salinas High School Shadow Program is designed to provide students with an authentic experience of what it is like to be a Salinas High School student. To participate in the shadow program, I agree to the following items:

Anthony Morales
Assistant Principal

_____ The student's current residence address is within the Salinas High School attendance area.

_____ The student will obey all school rule including dress code, tardy policy, and appropriate academic behavior.

Vivian Moises
Assistant Principal

_____ The student will complete any school work, as if they were a Salinas High Student, including class work, note taking, etc.

_____ The student is responsible for providing their own lunch and may not leave campus for lunch.

Mark Dover
Activities Director

_____ The student will remain with their shadow for the entire course of the day.

_____ The student will follow the directives of any Salinas High School staff.

Patty Lamar
Athletic Director

I, the parent of _____, am aware of the Salinas High School Shadow Program rules. I understand that my student is a guest on the SHS campus and may be removed at any time if they are not following the items above. I agree to hold Salinas High School and Salinas Union High School District harmless of liability if the student is involved in any inappropriate activity.

Parent Signature _____ Student Signature _____

Date _____ Date _____