



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

Hugo Mariscal
Assistant Principal

Parent Name Contact Number

Ernesto Pacleb
Assistant Principal

Address City Zip Code

Laurel Gast
Assistant Principal

Emergency Contact Name Emergency Phone

Vivian Moises
Assistant Principal

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:

_____ 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.

_____ 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.

_____ 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.

Mark Dover
Activities Director

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