



**St. Ursula School  
Shadow Day Verification Form**

**Please complete this form to be signed and dated by an admissions officer at the high school. This form must be returned to Mrs. Madgar on the morning following your shadow day in order for the absence to be excused. Each 8<sup>th</sup> grade student is eligible for two excused absence floating shadow days of his/her choice.**

**Name of Student** \_\_\_\_\_

**Name of High School** \_\_\_\_\_

**Date of Shadow Day** \_\_\_\_\_

**I verify that the student named above shadowed on the date indicated.**

**Name of Admissions Officer** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_