

Shawnee Mission East

Private School Shadow Days

A service provided during 2nd and 3rd quarters for students attending a school outside the Shawnee Mission School District

2018-2019



Thank you for considering Shawnee Mission East (SME) as a high school choice. Join us on one of the days listed below. Shadow Days are scheduled when all class periods (1-7) meet. You will shadow an SME student in good standing, tour the building, and have lunch in the cafeteria (bring \$3 – 5 for lunch).

Please bring your student to the Main Office by 7:20 a.m. You will be directed to the counseling center to pick up a visitor pass and meet the SME student to shadow for the day. You may pick up your student from the circle drive when the school day ends at 2:40.

Due to the large number of requests, we are only able to accommodate one shadow date per student.

Circle Month and Date:

<u>October:</u>	<u>15th</u>	<u>16th</u>	<u>22nd</u>	<u>23rd</u>	<u>26th</u>	<u>29th</u>	<u>30th</u>		
<u>November:</u>	<u>5th</u>	<u>6th</u>	<u>9th</u>	<u>10th</u>	<u>12th</u>	<u>13th</u>	<u>16th</u>	<u>26th</u>	<u>27th</u>
<u>December:</u>	<u>3rd</u>	<u>4th</u>	<u>7th</u>						
<u>January:</u>	<u>7th</u>	<u>8th</u>	<u>11th</u>	<u>14th</u>	<u>15th</u>	<u>18th</u>	<u>22nd</u>	<u>25th</u>	<u>28th</u> <u>29th</u>
<u>February:</u>	<u>1st</u>	<u>4th</u>	<u>5th</u>	<u>8th</u>	<u>11th</u>	<u>12th</u>	<u>15th</u>	<u>25th</u>	<u>26th</u>
<u>March:</u>	<u>1st</u>	<u>4th</u>	<u>5th</u>						

Please list below the name of the **SME student** you would like to have your child shadow:

Name _____ Grade Level _____ (must be a 9th-11th grader)

OR

I would like SME Counseling to choose an SME student who my child could shadow. My child is interested in these two areas: (choir, band, Journalism, sports, AP classes, Business, art, etc.)

Please return this completed form (both pages) to the SME Counseling Center at least one week prior to the date of your request.

You will be e-mailed a confirmation at least one week prior to the date of the request.

My student's name is _____

Student's current school _____

Parent's Name(s) _____

Street Address _____

City _____, State _____ Zip Code _____

(You must live in the East attendance area to attend SME.)

Home # _____ Work # _____

Parent's Cell # _____ or _____

Parent's E-Mail Address _____

In case of an emergency on the day of the shadow, please fill in the following information:

Emergency Name _____ Phone _____

Return this form to SME Counseling Center by:

- Mailing it to Carolyn Cahill, Counseling Secretary, Shawnee Mission East High School, 7500 Mission Road, Prairie Village, KS 66208 or
- Faxing it to 913-993-6886 or
- Scanning it to carolyncahill@smsd.org or
- Dropping it off in the Counseling Center, 4th Floor, with Carolyn Cahill.

Questions? Call Carolyn Cahill at 913-993-6630