



MANCHESTER REGIONAL HIGH SCHOOL

70 Church Street, Haledon, NJ 07508 (973) 389-2820



Please note: the shadowing date must be pre-approved by the MRHS guidance department.

SHADOW DATE: _____

MRHS STUDENT AMBASSADOR: _____

SIGNATURE OF MRHS COUNSELOR: _____

PRINTED NAME OF MRHS COUNSELOR: _____

I, THE UNDERSIGNED, PARENT/GUARDIAN OF _____

AUTHORIZE MY CHILD TO SPEND A PRE-ARRANGED ACADEMIC DAY

ON THE DATE LISTED ABOVE AT MANCHESTER REGIONAL HIGH SCHOOL. IN

DOING SO, I RELEASE THE STAFF OF MANCHESTER REGIONAL HIGH SCHOOL

OF ANY UNWARRANTED LIABILITY.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

PHONE #: _____ EMAIL: _____

SIGNATURE OF MIDDLE SCHOOL COUNSELOR: _____

PRINTED NAME OF MIDDLE SCHOOL COUNSELOR: _____