



## Shadowing (Visiting) Student Program

The Salem Christian Academy (SCA) Shadowing program provides a unique opportunity for potential students to experience a typical day at SCA. Your student will be matched with a SCA student in the same grade and will have the opportunity to observe classes, get to know teachers, meet other students, and experience SCA life.

### Shadow Day Information:

- Arrive at the school office by **8:15 am** on the day of your scheduled appointment.  
(Visiting students arriving after the start of school will have to reschedule their shadow day)
- Students (1<sup>st</sup> - 8<sup>th</sup> grade) are allowed to shadow for a full day (pick up at 3:00 pm).
- Visiting students must be **conservatively** dressed similar to the SCA uniform guidelines.  
*See the SCA dress code at [www.salemchristianacademy.com](http://www.salemchristianacademy.com), or call the school office.*
- Shadowing students must behave appropriately (remain seated, no talking during class, no sleeping during class, etc.).
- Shadowing students are not permitted to bring any electronic devices to school, including cell phones, ipods, gaming devices, etc.
- Send a snack and a sack lunch with your student.
- Complete the Visiting Student Emergency Form and bring it with your student the morning of the shadow day.
- Sign your student in and out at the school office on the day of shadowing.

**SCA offers the shadowing program by advance appointment only. Please call the SCA admissions coordinator, Jessica Manley or Michelle Conklin, at 937-836-9910 to schedule a shadow day.**



## Shadowing Emergency Information

Entire form must be filled out. Please Print

\_\_\_\_\_  
Student's Last Name                      First                      Middle                      Birth Date                      Age                      Current Grade

\_\_\_\_\_  
Father/Guardian                      Home Phone                      Daytime Phone                      Cell Phone

\_\_\_\_\_  
Mother /Guardian                      Home Phone                      Daytime Phone                      Cell Phone

\_\_\_\_\_  
Street Address    City    State    Zip

Family e-mail address: \_\_\_\_\_

Is your child allergic to any medication? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Is your child allergic to any food? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Is he/she allergic to bee stings? \_\_\_\_\_ If yes, what action should be taken? \_\_\_\_\_

Are there any other medical issues we need to be aware of? \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) to whom my child may be released in the event of illness or emergency and I cannot be reached:

\_\_\_\_\_  
Name    Home Phone    Work Phone    Cell Phone

**Agreement and Release from Liability** - I hereby agree to indemnify and hold harmless Salem Christian Academy, its officers, directors, and employees, from and against any and all liability or injuries which my child may suffer arising out of or in any way connected with my child's participation in this program. In case of emergency, arising during or in connection with any activity, I authorize any person in charge of the activity to consent to emergency treatment, at my expense. I understand that Salem Christian Academy is not obligated to carry any insurance to cover medical and/or dental treatment for my child. I agree to pay any needed medical and/or dental expenses incurred at Salem Christian Academy.

Insurance Company which covers my child: \_\_\_\_\_

Ins. Co. Phone: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_