



Morton West High School  
Student Shadowing  
Permission Form



Visiting Student \_\_\_\_\_ has my permission to  
attend Morton West High School on \_\_\_\_\_ and to shadow

Morton West Student \_\_\_\_\_ ID# \_\_\_\_\_

I understand that I need to provide transportation for my child to and from  
Morton West. I will also provide money for my child to purchase lunch. I realize  
that my child must abide by all of the Morton West School's rules and regulations.

Parent's Signature \_\_\_\_\_

Address \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

-----

Name of Visiting Student's School \_\_\_\_\_

School Phone Number \_\_\_\_\_

School Principal's Signature \_\_\_\_\_

\_\_\_\_\_  
Morton West Asst. Principal's Signature

\_\_\_\_\_  
Date

**(PLEASE CONTACT DEBBIE KOPACZ 3 DAYS PRIOR TO VISITING @ 708-780-4510)**