



DARTMOUTH HIGH SCHOOL

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DARTMOUTH, MA 02748
TELEPHONE - 508-961-2700

<https://www.dartmouth.school/Domain/8>

MR. RYAN SHEA
PRINCIPAL
MS. RACHEL CHAVIER
ASSOCIATE PRINCIPAL
MR. GRAHAM COOGAN
ASSISTANT PRINCIPAL
MR. MICHAEL MARTIN
ASSISTANT PRINCIPAL
MRS. BRIDGIT DASILVA
DIRECTOR OF HIGH SCHOOL
COUNSELING & SUPPORT

Request for Student Shadowing

I am requesting that my child, _____, be allowed to shadow a student for a day in order to become familiar with the facilities and course offerings. I understand that while my child is at DHS, he/she must comply with the rules established for all DHS students. Filling out the following information will assist us in choosing someone in your child's grade level that would be a good fit.

I would prefer someone with an interest in _____ sports, band, etc. Please do not list any student names as we will select someone from your child's grade level based on interest.

Your child's current school _____

Your child's current grade _____

Parent/ Guardian: _____

Current Address: _____

Phone: _____ Cell: _____

Parent Email: _____

Student Email: _____

Preferred dates for shadowing: _____

I understand that I must provide transportation to and from school on that day. When my child arrives at school, he/she will report to the Security Office and Mrs. Peach will be called to meet him/her there. **Thank you for your interest in Dartmouth High School!**

Please return this form to Kim Peach at kimberlypeach@dartmouthschools.org or drop off at the Dartmouth High School security office.