



SHADOWING PERMISSION FORM

We are so excited about your interest in exploring New Roots as an educational option for your student. Shadowing is a wonderful way to experience a day in our educational setting. As a Shadower, you will have the opportunity to get to know your teachers, meet some of your peers, see how classes operate, and to taste the great food we provide daily for students during meal times. This opportunity also allows us to get to know your young person and how New Roots can best benefit them as a public school.

Please await contact from our orientation team so that we can schedule a shadowing date and let you know when we have found a student your young person can shadow for the day. Please indicate your preferred method of communication in this form. **This process must be completed for the Shadow experience to happen.**

_____ (Full name of student) has my permission to participate in New Roots Charter School field trips and other educational experiences, for which the New Roots Charter School liability insurance is in effect.

Date of visit: _____

Home Address: _____

Phone number we can reach parent/guardian at during time of visit: _____

Email Address: _____

Student's current school: _____ Student's grade this school year: _____

Health concerns we should be aware of: _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____

Please return to:
New Roots Charter School
P.O. Box 936/116 N. Cayuga St.
Ithaca, NY 14851
Phone (607) 882-9220
Fax (607) 882-9230