



Shadow Day Form

It is essential for us to have this information in order to create a beginning for your child that will build his/her confidence and allow our teachers to create the best learning environment possible.

IF your child is shadowing please complete this form in addition to your application.

The application and this form must be filled out and turned in to the teacher or administrator before you can shadow.

Please Print

Date of shadow: _____

Parent 1 (responsible party):

Full Name: (F, M, L) _____, _____, _____

Full Address:

Telephone, Cell Phone, Best Contact: () _____ - _____

Email: _____

Name of Child: _____ Name preferred: _____

Date of Birth: _____ - _____ - _____

Siblings:



**847 Cleveland Street (Main Lobby)
Greenville, SC 29609**

864-269-8999

Administrator: Claire Carter

Einstein Academy Shadow Day Reminder:

Date of Shadow: _____

Name of Teacher: _____

8:00 am – 8:15 am Come with your child to classroom

Remember:

- Student needs to wear sneakers for PE
- Pack a lunch w/ drink

3:00 pm Dismissal

Meet with Mrs. Carter and Homeroom Teacher



Einstein Academy Tour/Visit Form

Date: _____

Name of Parent: _____

Name of Child: _____

Current School and Grade: _____

Home Address: _____

Email: _____

Preferred Phone: _____

Please tell us how you found out about the Einstein Academy:

Your child is invited to spend a day at our school. Please complete our Shadow Day form if you would like your child to shadow.

We look forward to helping your child have a successful school year.

Completed Shadow Day Form? Yes _____ No _____