



Green & Gold Days
Bishop Machebeuf High School Shadowing Request Form

Our Preferred Green & Gold Day is:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

STUDENT INFORMATION

Full Name of Student: _____

Date of Birth: _____ Grade: _____ Gender (please circle): Male / Female

Name of School Student Attends: _____

CONTACT INFORMATION

Parent/Guardian #1 : Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____ @ _____

Relationship to Student: Father Mother Other _____

Parent/Guardian #2 : Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____ @ _____

Relationship to Student: Father Mother Other _____

Emergency Contact : (**REQUIRED** in addition to parent/guardian contact information)

Name: _____ Phone (H / W / C): _____ Relationship to Student: _____

REQUIRED Parent/Guardian Signature _____ Date _____
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Return this form to Machebeuf one week prior to your earliest requested visit via one of the following:

FAX: 303.344.1582

EMAIL: meverhart@machebeuf.org

MAIL: Bishop Machebeuf High School • Attn: Office of Enrollment Management • 458 Uinta Way • Denver, CO 80230

Questions?

Contact Monica Everhart, Director of Enrollment Management
303.344.0082 x17 or meverhart@machebeuf.org