



# Lo-Ellen Park Secondary School

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Jeff McKibbin, BA, BEd, MEd  
Principal

Sheila James, BSc, BEd  
Vice-Principal



## LEP Student Services Student Shadow Permission Form

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_

Parents' Names: Mother \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home (M) \_\_\_\_\_ Work (M) \_\_\_\_\_

Home (F) \_\_\_\_\_ Work (F) \_\_\_\_\_

Health Card Number \_\_\_\_\_

Medical Issues: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_

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

Lo-Ellen student being shadowed \_\_\_\_\_

Reason for shadowing \_\_\_\_\_

\_\_\_\_\_

I give permission for my son / daughter \_\_\_\_\_ to shadow at

Lo-Ellen Park Secondary School on \_\_\_\_\_.

(date – to be filled in by Lo-Ellen)

\_\_\_\_\_

(parent signature)