



Welcome to Cunha Intermediate School!

We're happy that your son/daughter is interested in attending Cunha. Please complete the information below and submit this form to us so we can schedule your visit. This form can be mailed, faxed, or dropped off at the main office. You may also email your form to the counselors:

Last names A-L: Stacy Myrick at myricks@cabrillo.k12.ca.us

Last names M-Z: Janice Lee at leej@cabrillo.k12.ca.us

If you have any questions, please call 650.712.7190. We will confirm your visit with a phone call or email. To assure the best possible experience, we ask for your cooperation in the following ways:

- Shadow Request Forms should be submitted at least one week prior to requested shadow date. Due to special events and holidays, we are unable to allow shadowing every day.
- Plan to arrive at the main office by 8:20 a.m. Your student will be introduced to their Student Ambassador. School dismissal is 3:05 p.m. Please plan the pick-up of your student accordingly.
- Shadow students are asked to stay with their Ambassador for the entire day as they are responsible for them. We will make your day as informative as possible – visiting a full day of classes, providing a tour of the school, and trying to introduce you to any coaches or club advisors you might have interest in.
- Your student may bring his/her own lunch or purchase items from our lunch line (\$5 should be sufficient).

Shadow Dates for 2019-2020 (Please check one):

November 15, 2019

January 24, 2020

February 28, 2020

Visiting Student Name: _____ Current Grade: _____

Address: _____ Gender: _____

Current School: _____ Preferred Visit Date: _____

Special Interests (Clubs, Sports, etc.): _____

PLEASE SELECT ONE:

_____ My son/daughter would like to shadow _____

_____ Please have one of your trained Student Ambassadors host my son/daughter based on similar interests/background.

As the parent/guardian of _____, I have read and understand the guidelines stated above. I give my child permission to spend the day at Cunha Intermediate School.

Parent Name: _____ Emergency Phone #: _____

Parent E-mail: _____

Parent Signature: _____ Date: _____

We want to make your visit here as informative and enjoyable as possible. For further information, contact the Front Office at 650.712.7190. Thank you, and we look forward to meeting you.