



55 Audubon Street • New Haven, CT 06510
203-777-5451 • www.aces.org • Fax: 203-782-3596

Jason Hiruo, Principal
Julie Michaelson, School Counselor

office use only	
date rcvd	_____
visit date	_____
confirmed	_____

Shadow Request Form

Student's Name _____

City/Town where you live _____

School currently attending _____

High School attending next year _____

City/Town of High School _____

Once this form is received you will be contacted by email with a visit date. Check off which time you would like your son/daughter to visit. If visiting two departments plan on 1-4pm.

- 1-2:30pm 2:30-4pm All Day 1-4pm
 *visiting 2 departments

Which Department(s) you would like to observe?

- Creative Writing Dance Theatre Visual Arts
 Music-Vocal Music-Instrumental Instrument _____

List two preferred dates Monday, Wednesday, or Thursday: _____ or _____

Parent/Guardian Name _____

Phone # _____ Email _____

Emergency Contact Name _____ Phone # _____

Parent/Guardian Signature _____ Date _____

School Counselor Name _____

School Counselor Email _____ Phone # _____

School Counselor Signature _____ Date _____