

QUIGLEY CATHOLIC SHADOW DATES

Spend a day with the students at

Quigley Catholic High School

College Prep. Catholic Values.

Your Catholic High School—Right Here, Right Now.

Shadow Day #1

Wednesday, November 16

Shadow Day #2

Thursday, December 8

Shadow Day #3

Wednesday, February 22

Shadow Day #4

Wednesday, April 11



Spend a day with a Quigley Catholic student and see what a real school day is like here. Shadowing is a great way to tour the school and see how great Quigley Catholic is!

Reservations are required. Call or email Director of Admissions, Adrienne Kaminsky for more information or to schedule a visit.

**724.869.2188 ext. 32
kaminsky@qchs.org**

WWW.QCHS.ORG

QUIGLEY CATHOLIC HIGH SCHOOL

“Shadowing” is an opportunity for prospective students to get a ‘day-in-the-life’ view of Quigley Catholic High School. Any student participating in this program must have written permission from Quigley Catholic Principal, Mrs. Rita McCormick, and the principal from the student’s current school. You will be assigned both a date on which you may shadow along with the name of the Quigley Catholic High School Student Ambassador that will escort you throughout the day of your visit. While “shadowing”, students need not be in Quigley Catholic High School uniform, attire closely resembling QCHS dress code is required. If you attend a Catholic Grade School you are *required* to wear your school uniform. Tee shirts, sleeveless shirts, tank tops, bare midriff shirts, shorts, and jeans are not acceptable.

Before completing the form below please call the Quigley Catholic High School Office of Admissions to set up the date you will be shadowing. This form needs to be completed and returned to Quigley Catholic’s main office at least *two* days prior to your scheduled visit.

_____ from _____
(student name) (current school)

has permission to shadow at Quigley Catholic High School on _____
(date)

Mrs. Rita McCormick
Principal, Quigley Catholic High School

_____ has permission from this school to participate in the
(student name)

Shadowing Program at Quigley Catholic High School on _____
(date)

_____ (principal or designated representative) _____ (signature)

I/We give permission for our son/daughter to visit Quigley Catholic High School to participate in the shadowing program.

_____ (parent/ guardian) _____ (signature)

_____ (daytime telephone)

Please either pack a lunch or bring money so that you may purchase a lunch.