

**FAIRVIEW MIDDLE SCHOOL  
IB PREP MAGNET PROGRAM  
STUDENT SHADOWING REGISTRATION**

*Shadowing is not required but highly recommended. Please fill out and bring this form with you on your pre-scheduled shadowing date if you decide to shadow.*



Students wishing to shadow in the magnet program at Fairview Middle School find their experience very rewarding and integral to their decision to attend our program! Shadowing only occurs in the months of January and February on designated dates. Prior to shadowing, each student and their parent must complete the following steps and be aware of the following information:

- Obtain an appointment date to shadow in advance by contacting the magnet office at 488-6880 extension 122 or sign up to shadow at an IB Prep Magnet Showcase event.
- Complete this form and obtain approval signature from an administrator at your current school.
- This form should be brought with the student on their shadowing date to Fairview and given to the IB Prep magnet shadowing coordinator.

**DATES AND TIMES:** Tuesdays and Thursdays in January and February (must pre-schedule)  
9:15am – 3pm, Front Office of Fairview

**PROCEDURE:** Students will be paired with a current magnet student on the day of their shadowing. They will spend the entire day with them, including classes, lunch, and locker times. Students will not be assessed in any way, but are encouraged to participate in class activities. Parents are welcome to stay for a Parent Tour of the school and IB classes from 9:30am – 10am, led by the Magnet administrator.

**TRANSPORTATION:** Parents must provide transportation to and from Fairview for shadowing.

**LUNCH:** Student should bring MONEY (\$2) or BAGGED LUNCH.

**MEDICATIONS:** Must be left with school nurse on shadowing date

**EXCUSE FORM:** Student will be provided with an excuse form at the end of their shadowing experience.

*Please sign, detach, and return the bottom portion of this form with the shadowing student:*

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Student Name \_\_\_\_\_ Current School \_\_\_\_\_

Shadowing Date (Pre-scheduled) \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent Signature \_\_\_\_\_ Contact E-Mail \_\_\_\_\_

Please list any required medications and times of dosage. \_\_\_\_\_

Current School Administrator's Signature \_\_\_\_\_