

**Admissions Department**  
**“Warrior For A Day”**



**A Day Visitation/Student Shadow Request**

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Current Grade Level: \_\_\_\_\_

Current School: \_\_\_\_\_

Career and Technical Programs of Interest: \_\_\_\_\_

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**Please indicate the career or vocational area(s) that you would like to visit for the day.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Auto Collision Repair & Refinishing | <input type="checkbox"/> Culinary Arts                  | <input type="checkbox"/> Electronics                              |
| <input type="checkbox"/> Auto Technology                     | <input type="checkbox"/> Criminal Justice               | <input type="checkbox"/> Engineering Technology                   |
| <input type="checkbox"/> Computer Info. Systems              | <input type="checkbox"/> Design & Visual Communications | <input type="checkbox"/> Graphic Communications                   |
| <input type="checkbox"/> Construction Technology             | <input type="checkbox"/> Drafting/CAD                   | <input type="checkbox"/> Health Assistant                         |
| <input type="checkbox"/> Cosmetology                         | <input type="checkbox"/> Early Ed. and Care             | <input type="checkbox"/> H.V.A.C. & Refrigeration                 |
|  | <input type="checkbox"/> Electrical Technology          | <input type="checkbox"/> Metal Fabrication & Joining Technologies |

**A Blue Hills student will host your visit. You will shadow the Blue Hills student for a half day visit. If you would like to request a Blue Hills student to host your visit, please indicate his/her name:** \_\_\_\_\_

**If you would like to request a specific date between the months of December through the end of January, please indicate the date. We will try to accommodate your request:**

\_\_\_\_\_

**The undersigned applicant’s parent(s)/guardian(s) gives permission for their child to visit and shadow a Blue Hills Regional student host in one or more vocational areas for the arranged date and time. Transportation will be provided by the parent(s)/guardian.**

Authorized Signature of Parent/Guardian: \_\_\_\_\_

Authorization Date: \_\_\_\_\_

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**Please return this form to:** Marybeth Joyce, Director of Admissions  
Blue Hills Regional Technical School  
800 Randolph Street, Canton, MA 02021