

AESA Prep Academy



Shadow Day Information

Student's Name: _____ Student's Current Grade: _____

Student's Current School: _____

Parent's Names: _____

Parent's Best Contact Phone Numbers: _____

Student and Parent's Address: _____

Medical History: If there is any medical history that we need to know please explain below.

Food Allergies: If there are any food allergies that we need to be aware of please explain below.

Please have your child bring a cold or hot lunch with them and any school materials such as a notebook, pens and pencils. Please have them bring materials that they feel comfortable with. We are a no peanut school due to some of our student's allergies to peanuts. We have a refrigerator for our student's lunches and snacks. We have bottled filtered water for our students.