



# WESTBURY CHRISTIAN SCHOOL STUDENT SHADOWING FORM

10420 Hillcroft Street  
Houston, TX 77096  
713-551-8100  
www.westburychristian.org

## Student Information

Name \_\_\_\_\_  
 Last First Prefers to be called Current Grade

Gender (circle) **M** **F** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Address \_\_\_\_\_  
 Street Address City State Zip

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School Currently Attending \_\_\_\_\_

## Family Information

### Father

Name \_\_\_\_\_

\_\_\_\_\_  
 Employer Occupation

\_\_\_\_\_  
 Work Phone Number Cell Phone Number

### Mother

Name \_\_\_\_\_

\_\_\_\_\_  
 Employer Occupation

\_\_\_\_\_  
 Work Phone Number Cell Phone Number

## Other Information

Does student have any special medical conditions (allergies, seizures, diabetes, etc.)? Yes No

If Yes, please list conditions, medications and any other pertinent information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any subjects/classes you would like to visit?

\_\_\_\_\_

\_\_\_\_\_

How did you learn about WCS?

\_\_\_\_\_

Who may we thank for referring you to WCS?

\_\_\_\_\_

For Office Use Only:  
 Shadow Date \_\_\_\_\_ Name of Ambassador/s \_\_\_\_\_

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Shadow Date \_\_\_\_\_ Name of Ambassador/s \_\_\_\_\_