STUDENT OBSERVATION AUTHORIZATION FORM
PADUA FRANCISCAN HIGH SCHOOL

It is the policy of Padua Franciscan High School to have a member from our Learning Support Services Team observe applicants that have an IEP/ISP and ETR or a 504/SEGO/Accommodation Plan. The purpose is to provide a closer look at a how a child's needs are being addressed in a classroom setting with the accommodations that are outlined in the paperwork.

Name of Student _____ ☐ Male ☐ Female

(*please print*) Last First Middle

Home Address _____

Number and Street City, State Zip Code

Home Phone Number (_____)_____ Date of Birth _____

Month Day Year

Student's Current School _____

School Principal _____

School Phone Number _____

School Address _____ City _____ State _____

Student is applying for admission to Padua Franciscan High School for the academic year: 20____ - 20 _____

I authorize Padua Franciscan High School to observe my child at his/her school and to contact faculty/staff at the child's grade school for additional information regarding his/her plan and/or Jon Peterson/Autism Scholarship, if applicable.

Parent/Legal Guardian Signature _____Date _____

Return this form via email or fax to: Katie Martin '08, Director of Admissions, kmartin@paduafranciscan.net
Fax: 888.372.4033 Phone: 440.845.2444 x123