



**St. Matthew Catholic School**  
**10703 Wurzbach Rd.**  
**San Antonio, Texas 78230**  
**(210)478-5099 Fax: (210) 689-7624**  
[www.smcssa.org](http://www.smcssa.org)



**Assistant Principals**  
 Monika Behrens  
 Ann Marie Ibar

Alvin Caro  
**Principal**

**Counselor**  
 Sandra Finger

**ST. MATTHEW CATHOLIC SCHOOL**  
**8<sup>th</sup> Grade Permission to Shadow Form**

\_\_\_\_\_ would like to shadow at \_\_\_\_\_  
 Student Name Name of High School

on \_\_\_\_\_, \_\_\_\_\_.  
 Day Date.

This day is counted as an Excused Absence from school.  
 As with all absences, the student will need to make up any  
 work that was missed on that day.

**Arrangements for shadowing are made with the High  
 School and the date is approved by the administration  
 of St. Matthew.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Parent Signature

Date submitted: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_

Printed Name of School Administrator: \_\_\_\_\_