



# BISHOP NOLL INSTITUTE

Established 1921

## PREPARING STUDENTS MIND, BODY & SOUL

### Shadow Day Visit

Dear Parent,

Thank you for considering Bishop Noll Institute for your child's high school education. We gladly welcome all prospective students to visit our school during the day. When a student 'shadows' they are assigned to a current BNI student and go through a 'normal' day of school. This gives your child an opportunity to meet the staff and students of BNI. Additionally, it provides them with an understanding of what type of teachers and classes BNI offers. At the end of the day, your child should have an understanding of the BNI community and its culture.

Shadow days begin promptly at 7:45 AM when all future BNI Warriors are expected to meet in the Main Office where they will be greeted by the Admissions Team. We ask that all prospective students dress neatly and appropriately. This entails no jeans, crocs, slides, or t-shirts. The students will be paired with a current student and begin their day as a BNI Warrior.

If you are interested in having your child participate in a shadow day, please complete our form. (see back)

For your convenience you can instead email it as an attachment to Carmen Ontiveros ([contiveros@bishopnoll.org](mailto:contiveros@bishopnoll.org)). We thank you for the opportunity to show your child an internal perspective of our amazing school!

If you know a current BISHOP NOLL student that you would like to be paired with, please list their name below.

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Best Regards,

Carmen Ontiveros  
Director of Admissions  
[contiveros@bishopnoll.org](mailto:contiveros@bishopnoll.org)  
219.932.9058 x 1008



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## Shadow Day Visit Form

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Activity or sports interest: \_\_\_\_\_

Please list two dates that you prefer: \_\_\_\_\_

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

## Emergency Form

The Office of Admissions requires 'shadow students' to complete this form in case of accidental or medical emergency. No student may participate in a Shadow Day without submitting the following information and obtaining a signature from a parent/guardian. This form must be submitted to the Main Office **in print** 48 hours prior to the day of the visit or child will not be able to shadow!

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

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Student's Pertinent Health Information: \_\_\_\_\_

Parent/ Guardian's Name(s): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Please provide s the name of a relative, friend, or neighbor who does not work and who we can contact in the case the above parent/guardian cannot be reached**

Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation: \_\_\_\_\_

**In case of an emergency, when I cannot be reached by phone, I hereby grant school authorities my permission to take my injured child to any licensed physician, dentist, eye doctor, or hospital. In case of severe bleeding, poisoning, or where artificial respiration is necessary, I give the school permission to take immediate action as necessary.**

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature (if missing school): \_\_\_\_\_ Date: \_\_\_\_\_