

Shadow Request instructions

- 1. Please only submit one email request*
- 2. Please allow for response time – remember availability may be limited*
- 3. Please provide the information below in your request to citekm@pcsb.org*
 - *Parent name, email and phone number*
 - *Student name, grade and middle school*
 - *Hollins Program of Interest*
 - *Your child will be placed with a student in the program of interest – please be specific*

Shadow Dates

Tuesdays & Wednesdays from 7:30am-1:55pm

- *October 12, 19, 20, 26, 27*
- *November 2, 3, 9, 10, 16, 17, 30*
- *December 1, 7, 8*