

Job Shadow Form

The top portion of this form must be returned to the main office after your job shadow in order for your absence to be excused.

Student's Name _____ College Visit Date _____

Job Shadow Business Name/Title _____ Phone _____

Business Signature _____

Student's name: _____ Today's Date _____

Business/job to be visited _____ Date _____

With whom did you make the Job Shadow appointment? Phone _____

Name _____ Title _____

This will be my (circle) 1st 2nd 3rd job shadow this year. Seniors are allowed 3 job shadow days per school year and juniors are allowed 2.

If approved, I understand my child WILL BE ABSENT from school on the day requested and is doing so with my permission:

Parent's Signature _____ Date _____

School Counselor's Signature _____

Principal's Signature _____

Attendance Secretary's Signature _____

Please notify your teachers of your intent to go on a job shadow. Before turning in this form to the principal's office, collect your teachers' signatures for every class you would normally have on the day of your absence. Please make arrangements in advance regarding any assignments or tests you will miss.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |