



SOUTHEAST OF SALINE JOB SHADOW PROGRAM

****Prior Consent and Intention to Participate Form****

My son/daughter wishes to participate in a job shadow. I have obtained a commitment from a reputable professional business for my child to shadow during the workday. I will insure that my son/daughter will be on time and I will reinforce the expectation that he/she will be courteous, use good manners, and will ACT and DRESS in a professional manner during the shadowing event. Furthermore, I will assist in completing all documentation prior to and after this event.

Parent/Guardian Signature (Please use pen): _____

Student Name (Print): _____

How will the student get to and from the job shadowing? _____

Mark one:

- The student will be job shadowing in the PM; they will leave at _____.
- The student will be job shadowing in the AM; they will return to school at _____.
- The student will be job shadowing a full day.

Students must be academically eligible to participate and must return this completed form to school no later than one week prior to the scheduled job shadowing day.

Date of Job Shadowing: _____

Teacher's signature acknowledging the dates of absentee:

Period 1 _____	Period 2 _____
Period 3 _____	Period 4 _____
Period 5 _____	Period 6 _____
Period 7 _____	Period 8 _____

TO BE COMPLETED BY PLACE OF BUSINESS:

Place of business (Print): _____ **Phone number:** _____

FULL address of Business with zip code: _____

Contact Person at the Business (Print): _____

Phone number of Contact Person _____ **Email of Contact Person** _____

Person student will shadow (if different from contact): _____

Career/Job the student will shadow: _____

Student will report to work at (time): _____ **and will remain there until:** _____

Lunch WILL/WILL NOT (circle one) be provided by the business.

Signature of Professional Host/Business Contact (please use pen): _____