

Student Job Shadowing Application

Student Information - PLEASE PRINT

Student Name: _____

School: _____ Grade: _____ Age: _____

Parent or guardian with whom the student lives: _____

Home Address: _____ City/Zip _____

Home Phone: _____ Cell Phone: _____

Parent Email Address: _____

Student Email Address: _____

Career Tech Program Area: _____

Academic Acknowledgement:

Period	Course	Academic Status Passing/Failing	Attendance Good/Poor	Discipline Good/Poor	Teacher Signature

Student and Parent Commitment

Student: I am sincerely interested in the Job Shadowing Program and will represent my school with honor and dignity. I will work diligently to make this experience a beneficial part of my career development.

Student signature: _____ Date: _____

Parent: My child has discussed the Job Shadow Program with me. I give my permission for him/her to participate in the job shadowing field trip on February 4, 2010 and understand that he/she will be responsible for his/her own transportation. I understand that only four hours will be excused from school for job shadowing (8am-12pm or 12pm - 4pm).

Parent signature _____ Date: _____

Student Placement Information

(Copy to be located on back of application)

Student Name: _____

Business Assignment: _____

Business Address: _____ City/Zip: _____

Business Contact Representative: _____

Contact Phone Number: _____ Email: _____

Representative to be shadowed: _____

Title _____

Time of arrival: _____ Time of departure: _____

Lunch provided by: _____ Business _____ Student _____ Other

Lunch Location: _____

Special dress requirements: _____

Special instructions: _____

Notes: