

JOB SHADOW JOB SHADOW

**JCIDC
SEYMOUR HIGH SCHOOL
REQUEST FOR SHADOWING VISITATION**

I, _____, request that I be allowed to shadow
_____ on _____.

(Shadowing Host)

(Date)

I understand that all assignments and tests are to be made up as my teachers prescribe. I further understand that it is my responsibility to check with my teachers as to when I may make up missed tests. I also agree to write a thank you note to my Shadow Host.

Student Signature: _____

I approve this request of my child to be absent from school to participate in a Shadowing Experience.

Parent/Guardian Signature: _____

Date: _____

THIS FORM MUST BE ON FILE IN THE ATTENDANCE OFFICE AT LEAST ONE SCHOOL DAY BEFORE VISITATION IS TO BE MADE.

The Verification Form will be signed by the Shadow Host and mailed by the host to the attendance office to prove attendance to the job site.

Signed: _____
Counselor

Signed: _____
Mrs. Hardy