



Job Shadowing Request Form

Job Shadow Date: _____

Student Name: _____

Name of individual you're job shadowing: _____

Business: _____

Career: _____

Parents/Guardians- I give my child permission to participate in this job shadow experience outside of Scotus Central Catholic High School. I understand that this day will not count as a day absent from school if the following criteria are met:

1. Permission slip is signed and returned to the Career Counselor prior to the experience
2. The student is present at their job shadowing
3. The student returns the home site follow up paper/signature and submits to the Career Counselor

I also understand that it is my responsibility to see that my child has transportation to and from their job shadowing site.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____



You are responsible for contacting your teachers and letting them know you will be missing their class. Please get the following signatures:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____