

JOB SHADOW RELEASE FORM

Information for the parent/guardian of the student:

_____ is required to visit a place of
(student name)

employment that interests the student (something they are looking at for a career). This project is for my ACE class at Valley High School. It is also required for graduation through the students' I-CAP components.

The employer has agreed to allow this job shadow at his/her place of business on _____ at _____. The
(date) (time)

job shadow will be completed on a Monday, as we do not have school and, this will allow more time for the student at the job shadow without missing class time and/or homework.

The student is responsible for his/her own transportation. Your son/daughter will be completing their job shadow at

(name of business)

in the city of _____. If you have any questions, you may contact me, Nicole Hill at Valley High School, 350-4243.

PERMISSION

(to be signed by parent/guardian of the student)

I, _____, give my permission for
(parents'/guardians' name)

my son/daughter, _____, to participate in
(student name)

the job shadow experience and have read the above-stated information.

Parent/Guardian's Signature

Date