

**Job Shadowing Part 1 of 2**  
*Permission / Approval Form*

I am granting permission for my son/daughter to attend Job Shadowing based on the following information. I understand this is a Junior Graduation Requirement and will be excused for attendance purposes. **Students are NOT permitted to shadow a parent/guardian or current place of employment and must choose a career of interest.**

Student Name: \_\_\_\_\_  
(Please Print)

Parent / Guardian Name: \_\_\_\_\_  
(Please Print)

Name of Business & Location: \_\_\_\_\_

Name of Person Being Shadowed: \_\_\_\_\_

Job Shadowing Date: \_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Teacher Approval)

\_\_\_\_\_  
(Date)

***This form must be submitted for approval to either Mrs. Myers or Mrs. McCahan PRIOR to job shadowing.***