

Mifflin County School District
JOB SHADOWING

Student Application/Parental Consent Form

Student's Name _____ Current date _____

GRADE _____

Period 1 Room _____

Period 1 Teacher _____

Interest area:

Career Cluster _____

First Choice _____

Second Choice _____

If there is a particular business or person you would like to shadow, please list the name and phone number below.

Name _____

Phone number _____

By signing the line below, I agree to write a thank you note within one week of my job shadow experience. I also agree to make it my responsibility to show the note to Mrs. Swigart or my Eng. 11 teacher and supply stamp/money for mailing.

I am aware of the objectives of this program, and I understand that due to the availability of job shadowing sites, completing this application does not guarantee that the applicant will job shadow during this school year. Job shadowing is a privilege and is an optional opportunity. Students may be denied job shadowing because of behavioral issues, incomplete work and/or poor attendance.

Student Signature

Date

I understand and support my child's participation in the job shadowing program and am willing to provide necessary transportation to and from job shadowing experience.

Parent or Guardian
(over)

Date

Home Phone #

