

Ada High School
Sophomore Job Shadow Experience
Parental Permission

_____ has my permission to participate in the
(Name of Student) job shadowing experience.

The student will job shadow on _____ (preferably February 25th, 2020.) I understand that this experience is non-paid and that it will give my son/daughter an opportunity to explore an occupation of his/her own choice. *Student is responsible for making up all missed assignments.*

I also agree to provide my son/daughter transportation to

_____ on _____
(Name of Work Site) Date

I hereby release the Ada Village Exempted Schools from any responsibility involved in traveling to and from the job site.

(Parent Signature)

Date

The above job shadow experience has been approved.

Principal signature

Teachers: Students are **ONLY** required to have teacher signatures if they are **NOT** shadowing on February 25th, 2020. The high school office will handle informing teachers of all students excused for shadowing on February 25th, 2020.

- 1st _____
- 2nd _____
- 3rd _____
- 4th _____
- 5th _____
- 6th _____
- 7th _____
- 8th _____