

# West Salem High School Job Shadow Permission Form

Student Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date/Time of Job Shadow \_\_\_\_\_

## Parent Approval

I have read the information provided regarding my child's job shadowing experience. I understand that the *SCHOOL DISTRICT OF WEST SALEM* assumes no responsibility for health, accident, or transportation insurance while my child is out of school for this experience. I agree to provide or arrange for transportation to and from the worksite. I give my permission for my child to drive to and from the worksite for this job shadow experience.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## Student Approval

**In order to participate in this job shadow, I agree to:**

- Schedule a date and time for my job shadow.
- Return this completed form to *WEST SALEM HIGH SCHOOL* **prior to** the job shadow date.
- Arrange for my transportation to and from the worksite.
- Dress appropriately for the worksite and conduct myself professionally.
- Write a Thank You note to my worksite host.
- Complete and submit any job shadow related assignments.
- Complete and submit all assignments for classes I miss as required.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date