

South Pointe High School
9th Grade Job Shadow Permission Form for Tuesday, March 26, 2024

To be completed by parent or guardian:

Student Name _____

Job Shadowing Business/Organization _____

My child has my permission to visit the above listed business/organization on Tuesday, March 26, 2024. I understand that it is my child's responsibility to contact the business/organization to schedule a shadowing experience. I will be responsible for arranging transportation to and from the business/organization. I also give permission for my child to receive medical treatment in case of injury or illness. I understand that Rock Hill Schools/South Pointe High School personnel will not be present when my child is at the business and will not be responsible for my child during this visit. I understand that my child must turn in the job shadowing verification form by Monday, April 1, 2024, for this absence to be excused. I have read, fully understand, and agree with the content of this permission form.

Parent/Guardian Name _____

Address _____

Phone _____ Email _____

List any medical information that may be helpful in case of an emergency:

Emergency Contact _____ Phone _____

Parent/Guardian Signature _____ Date _____

Permission Forms should be returned to Guidance by Friday, March 22, 2024.
Verification Forms must be submitted to Guidance by Monday, April 1, 2024.

See Mr. Rogers in the Guidance Office if you have any questions.

Allow at least 2 weeks from receipt of your verification form for attendance to be updated

JOB SHADOW VERIFICATION FORM

This form must be completed in its entirety and signed by the student and job shadow supervisor. Also, attach a business card, if available.

Return this form to Mr. Rogers in the Guidance Office by Monday, April 1, 2024. If this form is not submitted, your absence will not be excused.

Student Name _____

Business/Organization Name _____

My signature below is confirmation that the above listed student was present at my business/organization for a job shadowing experience on Tuesday, March 26, 2024.

Business/Organization Shadowing Supervisor Name _____

Business/Organization Shadowing Supervisor Signature _____

Contact Number _____

Student Signature _____

Job Shadowing Tips

Be on time/early

Know where to park and where to go when you arrive

Dress and speak professionally

Be attentive and engaged

Be prepared with questions to ask

Send a thank you note!

Attach business card here if available

Allow at least 10 days from receipt of your verification form for attendance to be updated