

GRADUATION PROJECT

Job Shadowing Request Form

Please fill out and return to Mrs. Longo at least one (1) week prior to the shadowing experience.

Student Name (Print)

Grade/Homeroom

Date requesting to shadow

Location of experience:	_____
Person Shadowing / Title:	_____
Contact Phone Number:	_____
Contact E-mail Address:	_____
Job Shadowing Description:	_____

These date(s) of absence shall be excused and make-up privileges granted with the following provisions:

- ~ The student is required to secure assignments from his/her subject teachers and keep abreast of subject matter prior to the experience.
- ~ All academic work shall be completed upon the student's return to school.

I understand and agree to the terms and conditions of the Graduation Project shadowing experience.

Parent/Guardian Name (Print)

Parent/Guardian signature Date

Student signature Date

Director/Asst. Director Date