

JOB SHADOWING/INTERVIEW ACTIVITY

SOPHOMORES

Dear Parent(s),

In order for Davison Sophomores to take part in the Job Shadowing/Interview Activity, we must have a signed *Permission Statement* on file. **Parent:** Please sign below. **Student:** Please obtain teacher signatures at the bottom and return this form to your Sophomore English teacher as soon as possible.

Date of Job Shadow: _____

Time Leaving School: _____ Time Returning to School: _____

Name of Business/Company/Location: _____

Name of Person Being Interviewed: _____

English Teacher: _____

Permission Statement for Davison High School Sophomore Job Shadowing/Interview Activity

My son/daughter _____ has my permission to participate in the Sophomore Job Shadowing/Interview Activity. I understand my child is responsible to provide his/her own transportation to and from this location; and I will accept all liability for him/her going to, during, and returning from this job shadowing/interview experience.

Name of Parent: _____

Signature of Parent: _____ Date: _____

Contact Number for Parent: _____

Teachers: Please initial for each class missed or the student cannot participate.

1 st hour	3 rd hour	5 th hour
2 nd hour	4 th hour	6 th hour

This form must be completed, signed, and returned to the Attendance Office PRIOR to the day of your Job Shadowing. Failure to do so may result in an Unexcused Absence for that day.