

Job Shadow Excused Absence

Student Name

Name of Business

Location of Business

Date of Job Shadow

Length of Visit: AM only PM only All Day

Teacher: The student will be responsible for any class work missed due to the Job Shadow. Tests will need to be made up in the R.T.R room the next day.

Student: Please get the teacher's signature for each class period you will miss.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please get the following signatures in the designated order

Parent

Date

Counselor's Signature

Date

Attendance Secretary

Date

(SIGNATURE OF WHOM YOU HAD YOUR JOB SHADOW WITH)

Date