



**Career/Job Shadow Experience**

Westbrook High School  
156 McVeagh Road  
Westbrook, CT 06498  
860-399-6214

**Leslie Carson**  
**Career/College Readiness Coordinator**  
lcarson@westbrookctschools.org

**Career/Job Shadow Application and Parent Permission**

**Contact Information:**

<b>Student Name</b>	
<b>Grade</b>	
<b>E-Mail Address</b>	
<b>Phone Number</b>	

**Date of Career/Job Shadow Experience:** \_\_\_\_\_

**Time of Career/Job Shadow Experience:** \_\_\_\_\_

**Career/Job Shadow Location (company name and address):** \_\_\_\_\_

**Classes student will miss during Career/Job Shadow:**

<b>Period</b>	<b>Class</b>
<b>7:50-8:36</b>	
<b>8:40-9:26</b>	
<b>9:38-10:55</b>	
<b>10:59-12:40</b>	
<b>12:44-1:30</b>	
<b>1:34-2:20</b>	

**Agreement and Signature:**

By submitting this application, I affirm that I have applied to attend a Career/Job Shadow off school grounds and am responsible for my own transportation. I understand that I must complete a Career/Job Shadowing preparation training with the Career/College Readiness Coordinator at least two school days prior to the Career/Job Shadow experience. I understand that I am responsible for any missed school work. I must dress professionally. I must conduct myself according to school rules and as a future professional. I must not engage in any work related labor during the job shadow experience.

Student Name (printed)	
Student Signature	
Date	

By submitting this application, I affirm that my son/daughter has my permission to attend a Career/Job Shadow experience off school grounds and is responsible for their own transportation. I understand that my student is responsible for any missed school work. I also understand that I assume all responsibility, accountability, and liability for any and all acts arising out of my student's participation in the Career/Job Shadow experience.

Parent/Guardian Name (printed)	
Parent/Guardian Signature	
Date	
Business/Cell Phone	