

[Job Shadowing: Required Paperwork]

Workplace Information/Permission Form

Oswayo Valley High School ❖ 318 S. Oswayo St. ❖ Shinglehouse, PA 16748

I give my permission for my son/daughter _____ to

Student's Name

participate in a Job Shadowing experience. I understand he/she will be going to

_____ on _____
Workplace **Date**

from _____ to _____ to job shadow _____ .
Time **Time** **Workplace Mentor's Name**

I understand he/she is responsible for transportation to and from the site and this is an approved absence from school.

Parent/Guardian Signature

Date

**Monica Williams, School Counselor or
Christina Walker, Guidance Secretary**

Date

By signing below, I agree to follow the instructions described within this guide.

Student Signature

Date

Mailing Address for workplace: _____
