

COLLEGE VISIT/JOB SHADOW REQUEST

_____ (student) has been granted permission to visit/shadow at
_____ (location) on _____ (date). As parents we understand that our
child is being excused and responsible for any missed assignments/and or a safe trip is provided for a college visit.

Parent/ Guardian Signature

PERIOD/CLASS

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

TEACHER SIGN OFF:

Student Signature

Principal/Counselor Permission