



DuBois Area High School

Job Shadowing Permission Form

425 Orient Avenue

DuBois, PA 15801

Phone: (814) 371-8111 Fax: (814) 371-3928

Students wishing to engage in a job shadowing experience need to complete the following items.

Before job shadowing students must:

- Contact the job shadow site of their choice and fill out the Student Section, Section 1
- Have their parent/guardian complete Section 2
- Take the form to the attendance office for notification and approval, complete Section 3
 - o Please note:
 - Students will only be excused to visit the same site/career once a year.
 - Students **will not be** excused if they have missed 10 or more school days.

During job shadowing students must:

- Have their job shadow supervisor fill out the Job Shadow Supervisor, Section 5
- Complete the supervisor interview section on the back

After job shadowing students must:

- Scan the completed form to their Student Drive for their electronic portfolio and save the original copy
 - Students are responsible for maintaining this record, copies are not kept at the school

1: Student Section

Student's Name: Kolbyanna Williams Grade: 12

Job Shadow Career: _____ Business Name: Advanced Auto

Supervisor: _____ Phone: _____

Date of Job Shadow: 5/12/13 Time of excusal: _____ Time of return: _____

2: Parent/Guardian Section

I give permission for my daughter/son to be excused for the above job shadowing experience.

Parent's Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

3: Attendance Office:

I certify that this student reported their pre-approved absence.

Attendance Office Signature: _____ Date: _____

To be completed by Site Supervisor on the day of the shadow

5: Job Shadow Supervisor Section:

Date: 5/12/13 Arrival Time: 3:00 pm Departure Time: 5:00 pm

Signature of Supervisor: Jawa Bray

Continued on Back



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1: Student Section

Student's Name: Kallyanna Williams Grade: 12
 Job Shadow Career: Tattoo Artist Business Name: Jacobs Tattoo Shop
 Supervisor: Joan Dubee Phone: _____
 Date of Job Shadow: 5/19/13 Time of excusal: _____ Time of return: _____

2: Parent/Guardian Section

I give permission for my daughter/son to be excused for the above job shadowing experience.

Parent's Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

3: Attendance Office:

I certify that this student reported their pre-approved absence.

Attendance Office Signature: _____ Date: _____

To be completed by Site Supervisor on the day of the shadow

5: Job Shadow Supervisor Section:

Date: 5/19/13 Arrival Time: 5:00 Departure Time: 7:30

Signature of Supervisor: Joan Dubee

Continued on Back