DAKOTA HIGH SCHOOL JOB-SHADOW APPLICATION

Student Name__________________________________________ Grade:____ Date:____________

Telephone: __________________ Date for Job-Shadow: ________ Visit Times: ________

Job-Shadow Host Career Title: __________________________________________________________

Company/Organization: ______________________________________________________________

Street Address, City, Zip: _____________________________________________________________

Contact Person @ Site: __________________________________ Telephone: __________________

e-mail of Contact Person: __________________________________________________________

Special Needs: Style of dress: (Suit, Business Casual, Shop Clothes, closed toed shoes, etc.)

Lunch Arrangements (onsite, brown bag, need $ etc): ________________________________

Transportation Arrangements: (Own car, Parent drive, other – please identify)

PARENT PERMISSION – I request that my son/daughter be excused from school to attend the job-shadowing experience outlined above.

_______________________________________________________________      ___________________________
Parent / Guardian Signature (required)                             Date

Student, please submit to your CTE Instructor or Stephanie Pitcher (DHS Guidance Office, x 2755):
• A copy of this signed application form at least 2 weeks in advance of your job-shadow event.
• Application must be signed by CTE Instructor or Stephanie Pitcher, parent and student prior to job shadow.
• After your job shadow is complete, this form is signed with host signature and date, keep a copy of this form for yourself, submit one copy to your CTE Instructor or Stephanie Pitcher and to Attendance to insure your absence is recorded as a "school-business, job-shadow field trip." (This event is considered "school business.")

I will abide by the Chippewa Valley Schools policies and guidelines for Job-Shadowing as outlined in the Job Shadow Guidelines and Policies as well as the CVS School Code of Conduct.

_______________________________________________________________      ___________________________
Student Signature (required)                                     Date

CTE Instructor or Stephanie Pitcher – Application approved by ________________________ Date:________

Job-Shadow Host – This student joined us for a job-shadowing experience on this date:

_______________________________________________________________      ___________________________
Host Signature (required)                                        Date

Company

DAKOTA HIGH SCHOOL
Office: (586) 723-2700
21051 Twenty-One Mile Road, Macomb, MI 48044
Attendance: (586) 723-2799 (rev. 3.10.16)