Pennridge High School | 1228 N. Fifth Street | Perkasie, PA 18944 | 215-453-6944

Job Shadow Application:

To participate in a Job Shadow Day (minimum 3 hrs.) this application must be completed in its entirety.

Student Information:

Student's Name: _____ Grade: _____ Student ID #: _____

I agree to visit the sponsoring business listed below on the designated Job Shadow Day for a minimum of 3 hours. As a representative of Pennridge High School, I agree to comply with the expectation to dress professionally, communicate to the mentor/sponsor professionally and behave in a professional manner. I also understand that I will be required to complete a reflection following the visit.

Student Signature: _____ Date: _____

Sponsoring Business Information: (Please print all information clearly)

Job Shadow Mentor's Name: _____
Workplace Name: _____
Work Address: _____
Phone #: _____

Parent/Guardian Permission:

I give permission for _____ to visit the sponsoring business listed above as a Participant of the Pennridge High School Job Shadowing Program.

Date of Job Shadow: _____
Will the student be absent from school? _____
If absent, please select: Full Day _____ Half-Day (AM) _____ Half-Day (PM) _____

Parent/Guardian Signature: _____ Date: _____

Each job shadow requires a job shadow reflection. Your reflection should describe what you observed and learned during your job shadow experience. Explain whether the experience increased or changed your interest in pursuing this career. Your reflection should be 3–5 complete sentences. *Email your reflection to Ms. Marchese at **nmarchese@pennridge.org** within **three days** of your job shadow for your school absence to be changed to excused.*

Note: This application is required for anyone performing a job shadow. This form should be turned into your **House Office**. This includes job shadows performed on days school is not in session.

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