PAUL V. MOORE HIGH SCHOOL

Career Exploration – JOB SHADOW

JOB SHADOW OBLIGATIONS

STUDENT: _____ **GRADE:**

- Must turn in all completed forms by the dates indicated.
- Once the job shadow is arranged with the organization, please make every effort to attend. The organization has made a commitment and it is important to follow through with them.
- If you are unable to attend, you must email the Career Center at careercenter@cssdapps.org as soon as possible notifying us that you will not be making it to the job shadow.
- If you fail to attend the job shadow for any reason and the Career Center was not notified, you WILL NOT BE ELIGIBLE for another job shadow.

PARENT

The Job Shadow program is a partnership between school, business and home. We believe a student's failure to attend can reflect negatively on the school as well as the student. Parents—please assist us in helping your student follow through with this Job Shadow assignment.

- You agree to (1) provide transportation to the organization for your child to complete the shadowing experience or (2) permit your child to transport themselves.
- You will oversee completion of all forms by due dates indicated.
- By returning the attached permission form, you agree that your child will attend the described job shadow unless sickness or an emergency prevents such visitation.

CENTRAL SQUARE REDHAWKS

As One We Rise, Together We Soar.

Central Square Central School District
JOB SHADOW Permission Form

An educational job shadow has been scheduled for your child. School Board Policy #8460 requires each child to have advance written permission to attend any type of field trip. Students who do not have prior written permission will not be able to participate in the field trip/job shadow. Please complete this form, sign, and return it to school immediately.

As parent/legal guardian of _____, I grant permission for him/her/them to participate in the field trip described below:

Destination: _____ Contact: _____

Nature of purpose of the trip: **Job Shadow** Phone Number/Email: _____

Date/time: _____

Cost of Trip per Child: **There is no cost to participate**

I am aware that when I am on a school-sponsored trip, I am under the jurisdiction and supervision of the school-employed sponsors/chaperones or organization contact named above and that my behavior must conform to the Student Code of Conduct, the school's Student Handbook, and the reasonable instructions from the organization at which I am shadowing. I understand that I will be subject to appropriate disciplinary action for violations of these rules and regulations.

_____ _____

Signature of Student Date

I approve of my child participating in the job shadowing experience described above. I authorize all necessary medical attention and acknowledge all financial responsibility incurred. I also understand that his/her/their experience is not a teacher directed activity and that the student must provide his/her/their own transportation. I release the organization being visited and its employees from any claims or causes of action arising out of injuries that my child may sustain on the way, during and on the way back from the shadowing experience. **In the event of an emergency day at PVM** (e.g. Snow Day), I understand that the job shadowing opportunity set up by the District is completely optional and that the District advises the student and/or parent/guardian not to attend the job shadow and to reschedule for another time. However, if a parent/guardian and/or student chooses to transport themselves to the location, they understand it is optional and their choice, therefore releasing the District from any responsibility if something were to happen to the parent/guardian and/or student.

Parent's Name (Please Print)_____

Phone number where I can be reached_____

_____ _____

Signature of Parent/Guardian Date

Paul V. Moore High School
Central Square, New York

JOB SHADOW TEACHER RECOMMENDATION FORM

Organization/Class: _____

Student's Name: _____

Field Trip Destination: _____

Purpose of Field Trip: _____

Date of Field Trip: _____

Times (approximate): Departure: _____ Return: _____

Please circle expected letter day of field trip: A B C D Day

Block	Course Name	Teacher's Signature	Yes or No (circle one)	Comment (optional)
1AC			Yes No	
2AC			Yes No	
3AC			Yes No	
4AC			Yes No	
1BD			Yes No	
2BD			Yes No	
3BD			Yes No	
4BD			Yes No	