



JOB-SHADOW REQUEST



Student's Name _____

Instructions – BBS upper-classmen are allowed up to two (2) separate days to shadow a professional in the career of their interest. Job shadowing helps students to make fully informed decisions when choosing a college major. This request to shadow a professional will not count against you as one of your 8 absences allowed per semester **IF** you complete the following process and turn in the completed form at least **TWO** days before the job-shadow date:

1. Complete all the information on this form.
2. Have a parent/guardian sign this form.
3. Take form to each teacher for approval and signature. (Students are responsible for assignments)
4. Take completed form to the front office staff. At which time, the Principal has final approval.
5. Check with the office the day before the visit to ensure approval.
6. **Bring back the completed verification note from the professional shadowed after the visit.**
(Verification form will be handed to the student when this completed form is turned-in to the office)

Date of Job Shadow: _____ Type of Profession: _____

Business Name: _____ Contact # _____

Name of Professional You Will Shadow: _____

Additional Comments: _____

BBS Teacher's Signatures:

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

I approve my child missing classes to shadow the above professional.

Parent/Guardian Signature

Date Given to Front Office Staff: _____

Principal's Signature