

Lakeview High School

21100 Eleven Mile Road • St. Clair Shores, MI 48081 • 586-445-4055

JOB SHADOWING APPLICATION

Student Name _____ Grade _____ Date of Application: _____

Name of program/teacher/counselor sponsoring job shadow: _____

Parent Telephone: _____ Parent email: _____

Job-Shadow Career Interest(s) : _____

Company/Organization: _____

Lakeview Public Schools prefer students only job shadow at companies registered through MI Bright Future. Is this company registered? Yes No If no, please consider having them register at www.MIBrightFuture.org.

Job-Shadow Host Person Name: _____

Job-Shadow Host Job Title: _____

Company Address: _____

Company Website: _____ Phone: _____

Date for Job-Shadow: _____ Start and Stop Times: _____

Style of dress: _____ Lunch Plans: _____

Transportation Arrangements: _____

Other notes: _____

If your Job Shadow will have you miss regularly scheduled classes, any missed work must be coordinated and approved by the student with the teacher in advance.

Attendance: How many days have you missed school in the last two months? _____

Parent Permission: I give my son/daughter permission to attend this job-shadowing experience outlined above and have reviewed and approve of all the travel stipulations on the back of this page. I agree to call the absence in to Lakeview on the day of the event (586) 445-4045.

Parent Signature

Date

Student, please submit to the staff member coordinating your job shadow:

- A copy of this application form in advance of your job-shadow event to be approved.

Teacher/Counselor Name: _____ Initials if approved: _____

- This form (afterwards) signed by a host indicating your presence at the job-shadow event. Your absence will then be recorded as "Field Trip" if experience was during school hours.

I will abide by the Lakeview policies and guidelines for Job-Shadowing as outlined in the Job Shadow Information Sheet and the stipulations on the back of this page.

Student Signature

Date

E-mail address

Job-Shadow Host: This student joined us for a job-shadowing experience on the date listed above.

Host Signature

Date

E-mail address



Lakeview Public Schools

PARENT PERMISSION FOR JOB SHADOW and STUDENT TRAVEL

I understand when Lakeview Public Schools does not provide transportation for job shadow experiences and it is my responsibility as a parent/legal guardian to secure transportation for my child to and from their job shadow.

It is understood that safety of students is of primary concern for Lakeview Public Schools. The Job Shadow site that are registered with www.MIBRIGHTFUTURE.com have been screened and have background checks performed through MI Bright Future. We highly recommend students arrange job shadows with those companies. I also understand that Lakeview Public Schools will NOT be involved with coordination or assistance in job shadow placements. It may be valuable to assist your child in emails or phone calls to help coordinate the experience for them.

In consideration for the participation of my son/daughter in the Lakeview Public Schools' job shadow experience, I hereby agree to indemnify and hold harmless Lakeview Public Schools, its employees and agents, Board of Education and Board members, from any and all claims that my son/daughter may make arising from or related to his/her transportation to and from. This indemnification shall be construed broadly in favor of the District. This agreement shall remain in effect for the experience and times listed on the job shadow application.

Student behavior on a job shadow is regulated by and subject to the Lakeview Public Schools Athletic Code of Conduct.

By signing the job shadow application for your student, you agree to the terms and conditions outlined above.