

# Lakeview High School

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

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## 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 use companies registered through <https://macombengage.nepris.com/> or that they have a personal connection. Is this company registered?  Yes  No If no, please consider having them register using the website listed above.

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.

**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.

Staff Member 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 <https://macombengage.nepris.com/> or you have a personal connection. 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.