Prior Consent and Intention to Participate in Job Shadow Day, November 5, 2025

My son/daughter will participate in Job Shadow Day on Wednesday, November 5, 2025. I have obtained a commitment from a reputable professional business for my child to shadow for a minimum of 4 hours during the workday. I will ensure that my son/daughter will be on time, and will reinforce the expectation that he/she will be courteous, use good manners, and will ACT and DRESS professionally during the job shadowing event. Furthermore, I will assist in completing all documentation before and after this event.

Parent/Guardian Signature (Please use pen):			
Student Name (Print):			
How will the student get to and from the job shadowing?			
Mark one: The student will be job shadowing ½ day and t	hen returning to school		
The student will be job shadowing for a full day.			
Students must return this completed form to school	ol no later than Thursday, October 30, 2025.		
To be completed by the place of business:			
ce of business (Print):Phone number:			
FULL address of Business with zip code:			
Contact Person at the Business (Print):			
Phone number of Contact Person	Email of Contact Person		
Person student will shadow (if different from cont	tact):		
Career/Job student will shadow:			
Student will report to work at (time):(The business person should determine whether	and will remain there until:		
Lunch (check one)will	will not be provided by the business.		
 To ensure a successful learning experient 	th School on Job Shadow Day by hosting the above student. The for the participant and my business/company, I will review the www.usd389.net		

- information and guidelines posted on <u>www.usd389.net</u>. Click on Student Job Shadowing under the Parents & Students column.
- I will contact Jonah McKee, EJSHS's teacher if I have questions: jmckee@eurekausd389.net or 620-583-
- To enable Eureka Jr/Sr High School to improve upon future Job Shadowing experiences, I agree to complete a short post-shadowing evaluation as documentation of my participation.

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Signature of Professional Host/Business Contact (1	please use a pen):	