

Job Shadowing Application

ECHS **Due October 12, 2021**

For Office use Only

Job Shadowing Assignment: _____

Job Shadowing Location: _____

Lead Person: _____

Date of Shadowing _____

Last _____ First _____ DOB __ / __ / ____

Address _____ City _____ Zip _____

Parent name _____ Parent Phone _____

Student Cell _____ Graduation class _____

Cumulative GPA _____

Absences last school year _____ Tardies last year _____

Number of office referrals this school year _____

Requirements: To qualify you must have a 3.0 or higher GPA with no D's or F's. You are responsible for making up all your school work if the job shadowing experience takes you out of class. Good behavior and attendance are important and will be used to determine if you qualify for this program.

You are responsible for your own transportation to and from the job shadowing site. If you need assistance with transportation, please let us know.

I agree that I am in good standing academically and socially at ECHS. I understand that it is my responsibility to be prepared and on time for a job shadowing opportunity. I will be respectful to all individuals and I agree to follow the rules and regulations of the position. I understand that failure to follow the rules and regulations may result in discipline at the school level and removal from this important opportunity.

Student Signature _____

Date _____

Parent Signature _____

Date _____