

# Tarkio R-I School District

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Secondary Principal  
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## JOB SHADOW/CAREER EXPLORATION

### VERIFICATION FORM

**Today's Date:** \_\_\_\_\_

**Dear Staff of:** \_\_\_\_\_  
(Name of Institution or Business)

**Our student,** \_\_\_\_\_, **is planning a job shadow**  
(First and Last Name)

**with you on** \_\_\_\_\_. **Please sign this letter below to verify that he/she did indeed make a scheduled business visit with you on the specified date.**

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**Employer/Staff Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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## JOB SHADOW/CAREER EXPLORATION PARENT PERMISSION FORM

**Today's Date:** \_\_\_\_\_

**This form must be signed and returned to the Guidance Office at least 3 days prior to job shadowing.**

You are allowed to be excused and approved for educational release.

<b>Name of Company, Institution, or Business</b> _____		
<b>Purpose</b> (tour, overnight program, information session, visit friends, job shadow): _____		
<b>Date of Visit:</b> _____	Circle One:	Half Day      Full Day
<b>Student Name:</b> _____		
<b>Parent Signature:</b> _____	Date: _____	
<b>Counselor Signature:</b> _____	Date: _____	

### Off Campus Academic Permission Slip

If you are presently failing any of the courses you will miss as a result of going on this off-campus trip, you will not be allowed to go. The signatures of the teachers beside the courses you are taking indicate you are presently passing the courses.

Field Trip: \_\_\_\_\_

When: \_\_\_\_\_

	Courses	Assignment	Teachers' Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____