

Job Shadowing Transportation Waiver

PARENTAL CLEARANCE TRANSPORTATION TO/FROM JOB SHADOWING

Your student, _____, will be Career Job Shadowing at the following facility:

Name: _____
Address: _____
Department: _____
Supervisor: _____
Phone: _____
Days: _____ Times: _____

Due to the location of the facility, it will be necessary for you student to travel to the site via:

He/She will leave our campus at _____ and then, in turn, leave the Job Shadowing site at _____ to return to our campus or to your home.

Please provide the following information:

Your Automobile Insurance Company: _____

Your Automobile Insurance ID#: _____

Please sign and ate this form, then return it to our office to acknowledge your approval of this arrangement.

Parent Signature: _____ Date: _____