

**CMMS Job Shadow Experience**

Disclosure, Acknowledgement, and Information Form

**DUE: Tue. Oct. 12 by 3:05 pm in COUNSELING CENTER**

**Student Information (Please print clearly and use a black or blue pen.)**

First Name: Last Name:

Parent/Guardian: TA Teacher:

**Job Shadow Information**

The Job Shadow Application, *located on Canvas Counseling Class*, is (circle one): COMPLETE or NOT COMPLETE.

Company Name:

Company Phone Number:

Company Contact Person/Job Title:

Company Address:

Career Area: Hours Attending:

**Parent Acknowledgement and Consent**

Select one of the following by marking next to the appropriate statement(s).

My student has set up a job shadow with the above company, and I agree to transport him/her to and from the location on October 13, 2021

My student will NOT be participating in the Job Shadow activity on October 13, 2021, and **will be attending school to complete the Job Shadow Packet in the Media Center**.

In addition to my child, I would be willing to host another Copper Mountain Middle School (CMMS) student at my business or job site. The following students may be considered for possible placement with my business: .

By marking the statement(s) above, I authorize my child to participate in the Job Shadow Experience on Wednesday, October 13, 2021. I recognize that I have full responsibility for my child during the time that she/he/they is off the Copper Mountain Middle School site. I also acknowledge that I am responsible to arrange transportation to and from the job shadow activity. I further agree to make such transportation arrangements as a condition of my student’s participation.

Signature of Student Date

Signature of Parent/Legal Guardian Date