

**Hidden Valley Middle Job Shadow Activity  
Participation Disclosure & Acknowledgement Form**

**Personal Information (Please print Clearly)**

Name \_\_\_\_\_ Student #: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

**Job Shadow Information**

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Career Area \_\_\_\_\_ Hours Attending \_\_\_\_\_

**Other Information**

\_\_\_\_\_ 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 April 29, 2021

\_\_\_\_\_ My student will NOT be participating in the Job Shadow activity on April 29, and will complete the alternate assignment. (Please see Ms. Gibson in the Counseling Center.)

I authorize my child to participate in the job shadow activity (if indicated above) on Thursday, April 29, 2021. I recognize that I have full responsibility for my child during the time he/she is off the Hidden Valley 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 \_\_\_\_\_

*Due Thursday, April 22, 2021 to the Counseling Center*