



# BLUE MOUNTAIN HIGH SCHOOL



**C. Eric Schaeffer, Principal**  
**Luke McMurtrie, Assistant Principal**

## JOB SHADOW REQUEST

**Danielle Laubentine, Guidance Counselor** **Audrey Lantz, Guidance Counselor** **Nicholas Stramara, Guidance Counselor**

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Date \_\_\_\_\_  
Student Name \_\_\_\_\_ HR \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

I/We grant permission for \_\_\_\_\_  
(Name of Student)

To visit \_\_\_\_\_ on \_\_\_\_\_  
(Name of Business) (Date of Visit)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

\_\_\_\_\_  
(Guidance Counselor Approval Signature) (Date)

Business Verification of Student Visit:

\_\_\_\_\_  
(Name of Business) (Supervisor/Owner Approval Signature)