



BLUE MOUNTAIN HIGH SCHOOL



C. Eric Schaeffer, Principal

JOB SHADOW REQUEST

Kevin Gee, Guidance Counselor

Danielle Laubentine, Guidance Counselor

Audrey Lantz, Guidance Counselor

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)