



Windber Area School District  
 2301 Graham Avenue  
 Windber, PA 15963  
 (814) 467-4567  
[www.windberschools.org](http://www.windberschools.org)



**JOB SHADOWING VERIFICATION FORM**

Please return this section to the Windber Area High School Office when returning to school after a scheduled visit.

\_\_\_\_\_ visited \_\_\_\_\_

on \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Official's Signature)



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**JOB SHADOWING PERMISSION FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Student Number \_\_\_\_\_

Please excuse my son/daughter from school on \_\_\_\_\_, for a job shadowing visit.  
 (Date)

We have made arrangements to visit \_\_\_\_\_ at \_\_\_\_\_  
 (Name of Institution) (Time)

Departure Time: \_\_\_\_\_ Approximate return time: \_\_\_\_\_

Or

Return to school the next school day \_\_\_\_\_

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

Please submit the completed form to the High School Office at least one day prior to the scheduled job shadowing visit. Detach the top of this form and have it signed by an official at the institution where the job shadowing will take place.