



Skaneateles Central Schools

49 E. Elizabeth Street

Skaneateles, NY 13152

JOB SHADOW REGISTRATION FORM

This form must be handed in before the process can begin!

Name: _____ Student cell phone _____

Student email _____ Parent email address _____

Please list your top occupations/careers of interest – if you already know. Be as specific as you want to be, especially if you have a specific job, person or place you would like to job shadow. This is a tool to help us get started as we tailor-make an opportunity that is right for you. Then stop in and give this to Mrs. Michel in the library or Mr. Chapman in room 209 AND set up a time to brainstorm and to discuss options.

1. _____
2. _____
3. _____

Preferred dates, days of the week or time of day: _____

My parents and I agree to the Job Shadow Program and understand all of the requirements, including the fact that I have to provide my own transportation and lead this experience. I agree to comply with all of the requirements within the time frame stipulated.

Student Signature: _____ **Date** _____

My child has my permission to go on a Job Shadow experience. I understand he/she might need to miss part of a day at school and that we are responsible for providing transportation. **(Questions? Email Mrs. Michel or Mr. Chapman)**

Parent Signature: _____ **Date** _____

Many parents do interesting things and represent a wide variety of careers spanning all occupations and industries. Could a student shadow you for a couple hours someday? Or would you be willing to come talk with student(s) with interest in your career? This is not an immediate commitment, we will save your information for future possibilities! Thank you for considering and making a difference in our students' future career exploration!!

Name/email _____

Occupation _____