

POST-SECONDARY VISITATION / JOB SHADOW FORM

**Please complete the top section of this form and submit form to the
Guidance Office for initial approval.*

Parental permission is granted for _____ to visit the Institution/Company listed below under the following conditions:

- The parents / guardians will assume the responsibility for their student while he or she is away on the visitation and will absolve the Shenango Area School District of any liability incurred in connection with visitation.
- School release will NOT be granted for any student who is failing a subject
- The student will be responsible for making up any missed assignments / assessments / classwork, etc.
- The final decision for granting released time will be made by an appropriate school official

Name of Institution/Company visiting: _____

Date and Time of Visitation: _____

Parent/Guardian Signature

School Official Signature

Title

Verifying Institution / Company Official:

_____ visited our Institution / Company on _____.
(student) (Date and Time)

Name of Institution / Company

Signature of Official

Title

***Please Note: This form (both top and bottom sections completed) must be returned to the
Guidance Office following the visit or job shadow experience for attendance purposes.*