

SAN DIEGO UNIFIED SCHOOL DISTRICT

**PARENT AUTHORIZATION FOR STUDENT PARTICIPATION IN
JOB SHADOWING EXPERIENCE**

_____ wishes to participate in a job
(Student's name)

shadowing experience at the following location:

(Name of business/agency and address)

_____ *(Name of person[s] to be shadowing)* _____ *(Career field)*

on _____ from _____ to _____
(Date) *(Time)* *(Time)*

Transportation Plan: State the method of transportation (e.g., bicycle, city bus, walking, personal car). If by personal car, state the name of the driver and age of driver if under 21 years old.

_____ *(Method of transportation)* _____ *(Name/age of driver)*

_____ *(Time leaving school)* _____ *(Time when job shadowing will conclude)*

State your plans for conclusion of job shadowing experience (i.e., return to school, go home, etc.) and method of transportation, name and age of driver if by personal car:

To Parents/Guardians:

It is necessary that the parent/guardian specifically authorize that their child is allowed to participate in this activity. A certificated staff person will *not* be accompanying the student on the job shadowing experience. If you wish for your child to participate in the above job shadowing experience, and you approve the transportation plan as stated above, please sign below and return this form immediately to the school.

I authorize my child to participate in the job shadowing experience and transportation plan described above.

(Date signed)

(Parent/guardian signature)