



**Avon High School
Student Services Office**

37545 Detroit Road
Avon, OH 44011
(440) 934-5115

CAREER/SHADOWING EXPERIENCE

CONSENT FORM

Student Name: _____

Student Cell Phone: _____

Company Name: _____

Contact Person: _____

Company Address: _____

Company Phone: _____

I grant permission for my child to participate in a career/shadowing experience on

_____. I understand that:

1. All school rules and regulations apply while he/she is away from school property.
2. Transportation is the responsibility of the student and/or parent.
3. The parent assumes legal responsibility and liability for the student while he/she is participating in the career/shadowing experience.

Parent/Guardian Signature

Date

Student Signature

Date

CAREER/SHADOWING EXPERIENCE

Verification Form

Students:

To have your career/shadowing day experience count as an excused absence from school this form must be completed and returned to the attendance office at Avon High School by 8:10 a.m. the day you return to school. Please have your contact sign this form verifying you participated in the career/shadowing experience.

Student Name: _____

Location/Company: _____

Contact Name: _____

Phone/Email of Contact: _____

Signature of Contact: _____

Date: _____