

2011 RCHS Job-Shadowing Contract

I _____, student of RCHS, understand the requirements to participate in the Job-Shadowing Program include: Punctuality, Job appropriate attire, flexibility of shadowing assignment, written essay detailing my shadowing experience, presentation of my essay, and a follow up letter thanking the individual and their company for allowing me to shadow. I acknowledge that failure to satisfy the requirements at any point in time will cause me to lose the privilege of participating in the Job-Shadowing program. I acknowledge that discipline measures in addition to the loss of my participation privilege may also be administered. In addition to agreeing to complete all aspects of the Job-Shadowing program, I also release the school district and its employees from liability in the event my personal property or I am injured or damaged before, during, after, or while in transition to or from the Job-Shadowing program.

I have read and agree to the above-mentioned terms for my participation in the Job-Shadowing Program.

Student

Date

I _____, parent/guardian of the above mentioned student, understand the requirements for my son/daughter to participate in the Job-Shadowing Program include: Punctuality, Job appropriate attire, flexibility of shadowing assignment, written essay detailing the shadowing experience, presentation of the essay, and a follow up letter thanking the individual and their company for allowing my student to shadow. I acknowledge that failure to satisfy the requirements at any point in time will cause my son/daughter to lose the privilege of participating in the Job-Shadowing program. I acknowledge that discipline measures in addition to the loss of my son/daughter's participation privilege may also be administered. In addition, I agree to ensure my son/daughter will complete all aspects of the Job-Shadowing program. Also, as parent/guardian of the above mentioned student, I release the school district and its employees from liability in the event my personal property or my son/daughter are injured or damaged before, during, after, or while in transition to or from the Job-Shadowing program.

I have read and agree to the above-mentioned terms for my son/daughter's participation in the Job-Shadowing Program.

Parent/Guardian

Date

Sponsor

Date

* Absence from school will be excused when all requirements are met!

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