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*Wualanda Thenstead*  
Principal

**Job Shadow Day**  
**February 2, 2024-February 29, 2024**  
**Permission to participate in Job Shadow Day**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My student, \_\_\_\_\_, may participate in a Job Shadow experience, which will take place on \_\_\_\_/\_\_\_\_/2024, at the following working place/location:

\_\_\_\_\_

**Permission to Travel to the Workplace**

I understand that my student, \_\_\_\_\_, will need transportation to the workplace and will not be under the supervision of school staff.

**Photo Release**

I grant the workplace permission to photograph my student, \_\_\_\_\_.

**Signature and Contact Information**

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact numbers of parent(s)/guardian(s): \_\_\_\_\_

\_\_\_\_\_

**Job Shadow Business Agreement 2024**

**Business/Organization Information:**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Workplace supervisor name: \_\_\_\_\_

Signature of workplace supervisor: \_\_\_\_\_

Return this permission slip to Ms. D. Williams in the counseling office no later than **Thursday, February 8, 2024.**

Remember to complete and submit the Job Shadow activity assignment no later than **Friday, March 1, 2024**, in order for the absence to be excused. Assignments should be submitted to Ms. D. Williams in the counseling suite.