

**Students interested in participating in a Career Exploration Day program should be aware of the following:**

- The student is responsible for providing his or her own transportation. The Career Exploration Day experience could involve travel anywhere within the greater St. Louis area.
- Students interested in a medical career may be required to provide seasonal flu vaccine and a negative PPD (TB) test in order to participate in a Career Exploration experience.
- In regards to COVID-19 requirements, student requirements will mirror the requirements of employees of each business partner, which in some opportunities will require proof of vaccination.
- The student shall not participate in the career exploration event if student: (i) experiences symptoms of COVID-19; (ii) has a suspected or diagnosed/confirmed case of COVID-19; or (iii) has had close contact with a diagnosed/confirmed case of COVID-19.
- Career Exploration will be scheduled on a school day sometime between October and November in the Fall semester, between March and April in the Spring semester, and is considered an excused absence.
- Career Exploration will be a 2-4 hour commitment depending on the business partner, which will be an excused absence.

**2024-2025 CAREER EXPLORATION  
PERMISSION FORM**

I give permission for my student, \_\_\_\_\_, to participate in the Career Exploration Day program sponsored by Rockwood School District's **Partners in Education Department**. I understand that my student will spend anywhere from two to six hours with an employer at a job site in the community and will gain insight into the particular career area he/she has chosen. I further understand that **my student is responsible for his/her own transportation to the assigned business location**. I understand that the school is not liable for students riding in private cars. I understand that all rules in effect at school also apply to students while participating in this school-sponsored activity. I will not hold Rockwood School District or its Educational Partners responsible for unforeseen circumstances or accidents.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Participation in this program requires that the student be independent and able to exhibit appropriate behavior in a business setting. Does your student have any special needs that require additional attention or support during their Career Exploration Day?  Yes  No If yes, please provide additional information:

\_\_\_\_\_  
\_\_\_\_\_

Does your student have a case manager?  Yes  No

**Please Return Application and Permission Form to:**  
schindlermatthew@rsdmo.org

**For questions, contact Matt Schindler,**  
Partners in Education Career Exploration Facilitator at:  
[schindlermatthew@rsdmo.org](mailto:schindlermatthew@rsdmo.org) or 636-733-2123.

**Also, please let us know if you or your business is interested in hosting a Career Exploration student.**