



BOYERTOWN AREA SCHOOL DISTRICT

Home of the Bears

Job Shadow Permission Form

Purpose

The Job Shadowing Program at Boyertown Area Senior High School is part of the career portfolio requirement and offers students a real-world opportunity to observe professionals in various careers, enhancing career exploration and supporting future planning.

Parent/Guardian Permission

I, the undersigned, give permission for my child,
_____, to participate in the Job Shadowing Program.

I understand that **transportation to and from the job shadow site is the responsibility of the student and/or parent/guardian** and will not be provided by the Boyertown Area School District.

I acknowledge and agree that the **Boyertown Area School District**, its Board of School Directors, employees, and agents are **not responsible for any injury, loss, or damage** that may occur during the student's participation in the job shadowing program.

By signing below, I hereby **release the Boyertown Area School District** from any and all liability, claims, demands, or actions arising from or connected to this experience.

Student/Guardian Agreement

I understand that I am representing Boyertown Area Senior High School while participating in this job shadow opportunity. I agree to act in a respectful and professional manner, follow all directions from the host organization, and meet the expectations of the school.

Student Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

★ This document must be uploaded to your SmartFutures account and returned to the BASH Counseling Office at least one week prior to the scheduled job shadow date.

BOYERTOWN AREA SENIOR HIGH

120 North Monroe Street

Boyertown, PA 19512

610-369-7435

www.boyertownasd.org

