Dear Parent/Guardian,

Your child has landed a Shadow Day! Below is a brief summary of what to expect. Please review this Parent Permission Form, sign and return to us. We are excited to have your child experience a day in their chosen field of interest.

**Purpose of a Shadow Day**

Two Rivers students explore their interests through interviews, job shadow days, internships and projects. Spending time in their chosen field of interest allows for a real-world learning experience. These experiences are valuable to their education, giving kids a chance to test drive a career for a day.

Students and parents are responsible for the transportation to and from the Shadow Day. Students should arrive on time, with a sack lunch, (if the shadow day includes a lunch break) and ready for the work day. Be mindful of any special attire or gear they may need to wear. Students should come to the site ready with questions or ideas about what they’d like to learn.

**Shadow Day Details**

- Students are responsible for supplying their own lunch if the day includes a lunch break and getting themselves to and from the work site.
- Students attend shadow days on their own. These are unchaperoned outings.
- All hosts are pre-screened through our mandatory background check.
- All Parents/Guardians need to sign this form, allowing their child to do the said Shadow Day.
- All Parents/Guardians need to notify the LTI Coordinator of any health issues that the host or work site should be aware of.

Please review this form, sign and send back. If you have any questions, please don’t hesitate to call or email Chrissy.  riley@svsd410.org  *hint make a copy or take a pic of this form for your convenience.*
Shadow Day Parent Permission Form 2019-2020

Shadow Day Info:

____________________________________________________________________________________

Host Name ___________________________ Business/Organization name ___________________________

________________________________________

Business/Organization Address

________________________________________

Phone ___________________________ Email ___________________________

________________________________________

Student to Host ___________________________ Suggested Date & Time of Shadow Day ___________________________

________________________________________

Parent/ Guardian Name ___________________________ Phone # ___________________________

________________________________________

Emergency Contact Name ___________________________ Phone# ___________________________

Medical conditions the Host or worksite needs to be made aware of:

____________________________________________________________________________________

Your child’s Advisor and the LTI Coordinator are available for any questions you might have. Thank you in advance for your support. We’re excited to be able to offer students hands on, real – world learning experiences.

Your signature below gives permission for your child to do the above said Shadow Day.

Print Name: ___________________________

Signature: ___________________________ Date: _____________

Two Rivers High School ~ Chrissy Riley -LTI Coordinator
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