



Skaneateles Central Schools

49 E. Elizabeth Street

Skaneateles, NY 13152

JOB SHADOW REGISTRATION FORM

This form must be handed in before the process can begin

Name: _____ Student cell phone _____

Student email _____ Parent email address _____

Parent cell phone: _____

Please list your top occupations/careers of interest. Be as specific as you want to be, especially if you have a specific job, person or place you would like to job shadow. This is a tool to help us get started as we tailor-make an opportunity that is right for you. Then stop in and give this to Mrs. Ruhlman; set up a time to brainstorm and to discuss options.

1. _____ 2. _____

3. _____

Dates (or days of the week, etc.) that I cannot go: _____

Preferred dates, days of the week or time of day: _____

My parents and I have read the overview of the Job Shadow Program and understand all of the requirements, including the fact that I have to provide my own transportation. I agree to comply with all of the requirements within the time frame stipulated. **(To set a time to meet, or to ask questions, call Mrs. Ruhlman at 291-2301 or email lruhlman@skanschools.org).**

Student Signature: _____ Date _____

My child has my permission to go on a Job Shadow experience. I understand he/she might need to miss part of a day at school and that we are responsible for providing transportation. **(Questions? Call Mrs. Ruhlman at 291-2301 or email lruhlman@skanschools.org).**

Parent Signature: _____ Date _____