

REQUEST/PERMISSION TO SHADOW & ATTENDANCE VERIFICATION

**STUDENT: RETURN THIS FORM TO YOUR SCHOOL'S ATTENDANCE OFFICE, FAILURE TO
DO SO MAY RESULT IN AN UNEXCUSED ABSENCE**

▶ PLEASE PRINT CLEARLY ◀

SECTION A: REQUEST / PERMISSION (completed by student, parent and school of attendance)

Student Name:

Date of Request:

School of Attendance:

Date of Shadow Day:

School Site Shadowing:

Student Signature:

Date:

Parent Signature:

Date:

Principal/Designee Signature:

Date:

SECTION B: ATTENDANCE VERIFICATION (completed by school shadowed)

School Site Shadowed:

Date Shadowed:

Principal/Designee Signature:

Date:

