

WBL Job Shadowing Parental Permission Form

I hereby give permission for	to participate in the job
shadowing experience at	(name of job site)
on (specify da	te).
 I have read through all the information provided and a I understand that my son/daughter and I will be responsive from the site. He/she must also make all arrangements such as: Ap the date of the job shadowing. I also understand that my son/daughter is not to open 	propriate dress, arrival/departure time, lunch, etc. prior to
I understand that this visit is considered a school activity an absence from school for my child if he/she does not show unust complete a minimum of three (3) hours of shadowing and will receive the appropriate disciplinary consequence.	ip at the job site. I am also aware that my son/daughter
Parent/Guardian Signature:	
Dato:	

The Wyoming Department of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator | Title VI Coordinator | ADA/504 Coordinator 307-777-7675, wde-nondiscriminationassistance@wyo.gov

For further information on notice of non-discrimination,
Denver Office, Office for Civil Rights
U.S. Department of Education
Cesar E. Chavez Memorial Building
1244 Speer Boulevard, Suite 310
Denver, CO 80204-3582

Telephone: 303-844-5695 FAX: 303-844-4303; TDD: 800-877-8339 Email: OCR.Denver@ed.gov

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