



COLLEGE VISITATION VERIFICATION

MILITARY APPOINTMENT VERIFICATION

Student's Name _____

College Visited _____

Military Appointment _____

Parent Signature

Official Stamp of College/University or Military Service

Official's Signature

Date

Please return this form to your instructor to verify your visit during 8th grade tour or Sophomore Visitation Dates.



Warren County Career Center Job Shadowing

Date/s of Job Shadowing Experience: _____

Student Name: _____

The student will participate in this job shadowing experience and will maintain appropriate appearance and dress for the job shadowing program.

The personnel at the place of the job shadowing experience shall provide proper orientation for the student in areas such as safety and expectation of the student for the job shadowing experience.

Attendance at the place of the job shadowing experience is to be equivalent to attendance at school.

The student shall provide his/her own transportation to and from this job shadowing experience. At the end of the job shadowing experience, this student will submit a written report of his/her daily activities and present this report to their career-technical teacher.

Student Signature _____

Parent Signature _____

Company Representative at Job Shadowing Experience Signature _____

Phone Number of Company Representative at Job Shadowing _____