



### Job Shadowing Registration Form

Wake County Schools requires registration prior to the Job Shadow experience for insurance purposes that protects the businesses providing the opportunity. Submit this form to your Career Development Coordinator Mrs. Smith (**student services, ssmith7@wcpss.net**) at least one week before your Shadow experience. Signature of CDC indicating approval \_\_\_\_\_ Date\_\_\_\_\_

PRINT VERY CLEARLY.

Date of Job Shadow (mm/dd/yyyy) \_\_\_\_\_  
Hours of Job Shadow (example 3:30-5:50PM) \_\_\_\_\_  
Your Full Name \_\_\_\_\_  
Your grade level (9, 10, 11, or 12) \_\_\_\_\_ Your Career Interest: \_\_\_\_\_  
Your email address \_\_\_\_\_

**Job Shadow contact person's full name:** \_\_\_\_\_  
**Job title:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_  
Type of Company \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Street Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

**I expect to act in a professional manner in order to reflect well on myself, my family, and Middle Creek High School. Below is my parent's permission signature. I will email Mrs. Smith and/or my teacher a paragraph about what I learned within 3 days after completion of my Shadow experience.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Teacher name/class period: (If applicable) \_\_\_\_\_

