

Dear Parent(s):

This form **MUST** be **filled out completely** & approved by **ONE** of the Senior Project Committee members (below) **prior** to your student's absence from school for any Senior Project Hours, Job Shadowing, OR College Visits. Time away from school to participate in this will be allowed on a limited basis and is counted in their 15 absences allotted per semester.

Senior Project Hours

Job Shadowing

College Visit

Dates & Times of Absence:

Place of Service/Visit:

I will be gone: ALL DAY PART OF THE DAY-Will be at school _____

I/We, _____, the parent(s) of _____, are aware of our student's Senior Project hours, Job Shadowing hours & schedule **OR** College Tour Plans as stated above and further understand that the school has no liability for his/her absence, safety, or transportation.

Parent/Guardian Signature: _____ Date: _____

Mrs. Alicia Rosman: _____

OR

Mrs. Kuch: _____

OR

Ms. Nash: _____

OR

Ms. Fisher (Special Services Only): _____