



La Plata High School

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Brian Craley
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Vice Principals

Douglass Dolan
Principal

"Excellence and Pride in Education"

Peter Wilt
Administrative Intern

January 15, 2020

Job Shadow Dates February 3 – 7, 2020

Dear Parent/Guardian:

Your child has the opportunity to participate in Job Shadow Day 2020. Students have the opportunity to **Job Shadow between Monday, February 3 and Friday, February 7.** Students who have maintained a 2.0 GPA and have less than 10 absences for the year may participate. Your child is responsible for securing his or her individual work site as well as transportation to and from the work site. Students must return a completed and signed Parent/Guardian/Business Consent form prior to their job shadow date. A phone call may be placed to your child's job shadow site to confirm employer approval. A typical job shadow experience includes an exploration of the aspects of an occupation.

While Charles County Public School System coordinates this national activity, staff members will not be present at the individual job sites. Please note your child may ride in a car with the workplace host/mentor as part of the Job Shadow experience.

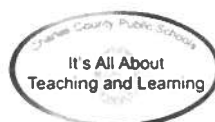
If you approve of your child participating in Job Shadow Day, **please have the form on the back of this page completely filled out, signed and returned to Mrs. Campbell in the College and Career Center, prior to the job shadow date.**

Students are responsible for all missed school assignments and homework.

If you have questions please contact Mrs. Campbell, College & Career Advisor, at 301-934-1100 or tcampbell@ccboe.com

Sincerely,

Douglass Dolan
Principal



This completed form must be returned to Mrs. Campbell prior to the students job shadow date (Possible Job Shadow Dates February 3 -7, 2020).

Job Shadow Business Agreement February 3 – 7, 2020

Date of Job Shadow (Must be between Feb. 3 -7, 2020): _____

Workplace Supervisor Name Please Print: _____

Workplace Supervisor Signature: _____

Workplace Supervisor E-mail: _____

Business/Organization Name: _____

Business/Organization Address: _____

Business/Organization Phone: _____

Business/Organization Fax: _____

Parent/Guardian Consent

My child (Print Students Name) _____

Grade _____

Student ID number _____

Student may participate in the Job Shadow experience, at the above location and date. I have read the opposite of this permission slip and I agree to all aspects of the job shadow agreement. I understand my child will need transportation to and from the workplace and will not be under the supervision of school staff.

I grant the workplace mentioned above to photograph my child for promotional and educational purposes. Yes _____ No _____

Phone numbers where parent can be reached on day of Job Shadow experience:

_____ or _____

Print Parent/Guardian Name _____

Parent/Guardian Signature: _____ Date signed: _____

Form must be completed and submitted to Mrs. Campbell prior to the Job Shadow date.