

Pleasant Valley High School
Job Shadowing
Graduation Requirement Contract

Please Print Clearly:

Student Name: _____ **Homeroom:** _____

Student PV Email: _____ **Student Cell:** _____

Parent Name: _____ **Parent Cell:** _____

(The student or parent may be contacted to pick up a copy of the signed/approved form.)

School Counselor's Name: _____

Name of the Internship Partner: _____

Type of Business: _____

Business Address: _____

Supervisor Name: _____

Supervisor Phone: _____ **Email:** _____

Brief Description of the Job Shadowing Opportunity (What will you be doing?)

Student Signature: _____

Parent Signature: _____

Date Submitted: _____

Approved: _____

Denied: _____

Date: _____

Date: _____