



## STAPLES HIGH SCHOOL

Guidance Department

70 North Avenue, Westport, Connecticut 06880

### *Job Shadow Program*

P: (203) 341-1229 F: (203) 341-1235  
Email: shs\_jobshadow@westport.k12.ct.us

## **Teacher Permission Form**

Student Name: \_\_\_\_\_

The above named student is interested in taking part in the Job Shadow Program in which the student will miss one day of school May 30, 2012. Juniors are expected to be in good academic standing and exhibit good attendance in order to participate in this program. ***It is the student's responsibility*** to have this form completed by all teachers, Assistant Principal, and school counselor by March 2, 2012. Teachers are asked to provide an up to date grade for this student and to sign their names indicating that this student is in good academic standing and attends class regularly. If you have specific concerns please write them in the comments section or call their counselor.

Period	Subject	Grade	Teacher's Signature	Comments
1				
2				
3				
4				
5				
6				
7				
8				

\_\_\_\_\_  
Assistant Principal Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School Counselor Signature

\_\_\_\_\_  
Print Name

***Please see your teachers to sign this form no later than March 2, 2012  
Then return this form to Micah Lawrence in the Guidance Office.***

#### **Mission Statement:**

We strive to become a community of learners who treat each other with care and respect; we think critically and creatively, use contemporary literacy skills, and work to solve real-world problems