

NEWTOWN HIGH SCHOOL COLLEGE & CAREER CENTER
12 Berkshire Road
Sandy Hook, CT 06482
(203) 426-7679 Fax 203-426-6573

APPLICATION FOR CAREER SHADOW DAY

Name _____ **Grade** _____

Address _____
Street City State Zip

Telephone _____ **Email** _____

Day/s of the week that are good to shadow _____
(you may not miss labs, tests, etc.)

Tentative career shadowing areas of interest, in order of preference:

1. _____

2. _____

What do you hope to learn from the career shadow experience?

Optional: I have a contact that may be interested in sponsoring me:

Contact Name: _____

Business Name: _____

Telephone Number: _____

I understand that I am responsible for transportation to and from the career shadow experience.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

All forms must be submitted to Mrs. Mendes or Mrs Morgenstern in the College & Career Center, by February 1 in order to participate in a Career Shadow Day.