NEWTOWN HIGH SCHOOL

CAREER SHADOW ABSENCE FORM

I give permission for my son/daughter,		, to participate in the
Career Shadow Program on(Date)	with	(Classical Walanteen)
(Date)		(Snadow Volunteer)
of(Business or Organization)	_•	
Student's Address		Home Phone
Work Phone – Parent/Guardian		Emaganay #
work Phone – Parent/Guardian		Emergency #
Parent/Guardian Signature		Date
HEALT	H INFORMAT	TION
If your child has any special medical n	needs we need to	be aware of, please indicate below:
Physician's Name		Phone