



Job Shadow/Mentoring and Transportation Release Form

The purpose of this form is to inform you that your student will be allowed to participate in a job shadow/mentoring activity, it will be necessary for you to provide your consent. It may be necessary to alter some of the details of this activity below, but efforts will be made to retain normal supervision for the safety and welfare of all students. Please read through the form and mark the statements at the bottom and sign where indicated. Failure to return this form will prevent your child from participating in the activity.

Within School Day Beyond School Day Name of School Shawnee Mission East

Date(s) of Shadow 10/11/23 Time of Job Shadow Varies - 7:30am - 12:30pm

Specific Location of Job Shadow Various locations around the metro

Rationale for Job Shadow Senior Service Day- SME seniors participate in volunteer projects throughout the city
 Brief Itinerary Check in to SME cafeteria between 7:30am - 10 (depending on project, travel to pre-determined non-profit throughout the metro (most are between 8:30 - 12:30). Return home after project. Students will transport themselves or carpool with others in private vehicles.

Mode of Transportation: From time to time private transportation may be used to transport students to and/or from some extra-curricular and co-curricular activities or job shadow/mentoring destinations. In such cases, parents/guardians must be responsible for ensuring that their student is following both school/district and parental guidelines. Please communicate with your student in order for him or her to know with whom he or she will be allowed to drive and/or ride to and/or from school related activities.

I give my consent for _____ (student name) to drive themselves, transport other students, and/or ride with other licensed drivers. Please check the box you are consenting to.

- Student providing their own transportation
- Student transporting other students
- Students riding with other licensed drivers

- I have read and understand the mode of Transportation of this form.
- My child may participate in the activity.

- Parent/Guardian and student have reviewed and thoroughly discussed the information.
- My child may not participate in the activity.

Student Name (Please Print)	Parent/Guardian Signature	Date
<u>Erin Bellinger</u>	<u>[Signature]</u>	<u>9-14-23</u>
Teacher/Sponsor Signature	Building Principal Signature	Date
<u>(SHARE)</u>		