1 Wildcat Lane
Brookville, Indiana 47012
www.fccsc.k12.in.us/fchs/

Phone (765) 647-4101
Toll Free (800) 647-3247
Fax (765) 647-2732

Franklin County High School

Job Shadowing Approval Form

This paper must be submitted the day after your experience. Failure to submit it on time will result in the absence being marked as unexcused. Parents/Guardians should also call the school office prior to the experience to notify that your student will be absent for the day.

Parent/Guardian Section:

I release Franklin County High School and Franklin County Community School Corporation from liability in the transportation and job shadowing experience of _____
Student Name

I give my permission for him/her to provide his/her own transportation for the experience on _____ at _____ for
Date Location

Half Day or Full Day (Circle one).

Parent Signature: _____
Student Signature: _____

Business Section:

Name of Person Being Shadowed: _____

Name of Business: _____

Date of Visit: _____ Business/Cell Phone: _____

Business Signature: _____

Mr. Nick Messer
Principal

Mr. Andrew Hocker
Assistant Principal

Mr. Dustin Riley
Athletic Director