<u>Liberty Center Schools</u> <u>College Visitation/Job Shadow Form</u>

		Date:		
I would like t	co takeName of S	udent	on a visitation to	
	Name of Establishment	Field of I	nterest	
It will be nec	essary that he/she miss school on			
		Date(s)		
proper docur In order for t	lary opportunities. Any visitation tirmentation shall count as time absent these days to be excused, the studen The student will complete the Colleg by all of his/her teachers. This form On return, the student must turn in the office.	in calculating attendance per t must follow this procedure: ge Visitation/Job Shadow form must be turned in prior to the	Ohio law. and have it signed evisitation.	
I am aware o	f my child's current school attendan	ce and grades.		
Signature of Pare	nt			
Post 1	manahan Girmatan	Cabinat/Olana	Grammat Grands	

Period	Teacher Signature	Subject/Class	Current Grade