

# Burlington High School Shadowing Permission Form

Visiting Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Current School Attending \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Any Health Concerns \_\_\_\_\_

Interests/Career Goals \_\_\_\_\_

Name of BHS Student \_\_\_\_\_

(Counselor will complete)

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I give my son/daughter \_\_\_\_\_, permission  
to shadow \_\_\_\_\_, a  
current BHS student, on \_\_\_\_\_ (date).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_