

UPPER DAUPHIN AREA HIGH SCHOOL

220 North Church Street Elizabethville, PA 17023 PH (717) 362-8181 FAX (717) 362-8088

Abbey Walshaw-Wertz Principal Brent Bell Athletic Director Clint Gehring Guidance Counselor

Lora Nestor Guidance Counselor

(circle one) College Visit – Job Shadow Request

This permission form must be turned into the high school office PRIOR TO THE VISIT.

A minimum of 3 school days will be granted for College Visitations and/or Job Shadows during any academic year.

I hereby grant my son/daughter			
permission to visit a college or go on a job sl	hadow to		
located at		. I understand that the visit/job sha	adow
is scheduled for	from	to	<u></u> .
I understand that my son/daughter is respons the regular school day.	ible for making	g up all of the work that is missed d	uring
(Parent/Guardian Signature)		(Date)	
Studen	nt Code of Cond	luct	_
Students of the Upper Dauphin Area School representatives of the school district. As a remet by the student. All students will be promand policies. Dress will be appropriate.	presentative, th	ere are certain expectations that mu	ıst be
(Student Signature)		(Date)	

COLLEGE VISITATION – JOB SHADOW VERIFICATION

	Student Name)		(Grade)
TO BE COMPLE	TED BY THE	E COLLEGE – J	OB REPRESENTATIVE:
Professionals Name: _			
Occupation/Title:			
University/College: _			
Date of Visitation:			
All forms must be c	ompleted and re		office no later than the third "excused."
Upon return to school documentation in Sma		omplete Campus V	isit or Job Shadow
Click Portfolio	Then Select	CAREER-PATHWA	Y EXPERIENCES Then Click + Add
Then Pick EITHER	Campus Visit Add to Portfolio	Job Shadow Add to Portfolio	and fill out the boxes.

Smart Futures Assignment Completed on ____/___/