Hanson School District 30-1

Post Secondary School/Military Entrance/Job Shadow Visitation Form

**(Requests must be made 48 hours in advance)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Request: |  |
|  |  |  |  |
| Institution/Military Branch: |  |
|  |  |  |  |
| Location: |  |
|  |  |  |  |
| Date of Visit: |  |  | Time: (start/end) |  |
|  |  |  |  |  |
| Student Signature: |  |
|  |  |  |  |
| Parent Signature: |  |
|  |  |  |  |
| Principal Approval: |  🞎 Yes 🞎 No | Signature: |  |
|  | Reason for Denial: |  |
|  |  |  |  |  |
| Counselor Approval: | 🞎 Yes 🞎 No | Signature: |  |
|  | Reason for Denial: |  |
|  |  |  |  |

Verification of Secondary School/Military/Job Shadow Visit

|  |  |  |  |
| --- | --- | --- | --- |
| I,  |  | ,verify |  |
|  | Admissions/Company Representative |  | Student’s Name |
| visited |  | on this date. |
|  | Post-Secondary School/Military Branch/Company |  |
|  |  |  |
| Time: |  |  |  |  |  |  |
|  | Start |  | End |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
| Name/Title |  | Date |

**\*\*Return this to your adviser along with a summary explaining how this experience either solidified or changed your future plans within 72 hours of visit. You will also want to place this is your portfolio\*\***