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\*\***