



CULLEOKA UNIT SCHOOL

1921 Warrior Way, Culleoka, TN 38451

Tel. (931) 987-2511 Fax (931) 987-2594

Penny Love, Principal

College Visit/Job Shadow Form

- The top section of this form should be signed by each teacher prior to the date of the college visit/job shadow.
- 11th and 12th may use **2 forms** each school year. The visit will be considered as a field trip for attendance purposes.
- The student must get the form signed by college advisor/job shadow supervisor as documentation of the visit and turn in to the attendance office within 3 days of returning to school.

Student's Name: _____ Grade: _____

Date(s) out of school: _____ This is a: College Visit Job Shadow

Destination: _____

Address: _____ City: _____ State: _____

Parent Name: _____ Parent Signature: _____

Date: _____ Parent phone number: _____

Teacher signatures:

1st Period: _____

5th Period: _____

2nd Period: _____

6th Period: _____

3rd Period: _____

7th Period: _____

4th Period: _____

Principal Signature: _____

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Job Shadow Supervisor Please sign and attach your business card or provide your contact information signifying that the above student was at your place of business on the specified date.

College Advisor Please sign and place your seal on this document signifying that the above student was on your campus on the specified date.

Name: _____ Phone: _____

Signature: _____ Date: _____