

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: _____

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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

Great evidence piece to put in your portfolio