



NEW LOTHROP HIGH SCHOOL



Job Shadow Absence Form

Student Name:

Professional's Name:

Professional's Title:

Professional's Organization Name:

Professional's E-mail:

Professional's Comments:

(Please feel free to share any suggestions or comments about this Job Shadow experience)

Professional's Signature: _____

Date: ____/____/____

Student must submit this completed form to the High School Office in order to receive a non-charged absence with Principal's approval.