



Shadow-A-Program Permission Form

This Form must be returned to the LCTC Guidance Office at least two days prior to the scheduled observation. Please call 573-346-9277 or email cwilmes@camdentonschools.org to set up an observation for your student.

Student's Name: _____

Class(es) Observing: _____

Phone Number: _____

Preferred Date(s) of Visit: _____

Grade: 8 9 10 11 12

High School:

Check hours(s) student will observe. Instructor approval needed for those hours only. Instructors have the option to refrain from signing this form, if a student has excessive absences or unsatisfactory grades.

1st Hour: _____

2nd Hour: _____

3rd Hour: _____

4th Hour: _____

5th Hour: _____

6th Hour: _____

7th Hour: _____

8th Hour: _____

Parent Permission
My child has permission to participate in the LCTC Program Observation activity.

Parent/Guardian Signature _____
Date

Home High School Permission
The student listed above has permission to participate in the LCTC Program Observation activity.

High School Principal, Assistant Principal or Counselor Signature _____
Date

LCTC Permission – Complete only if currently enrolled in a LCTC class in observing a different class.
The student listed above has permission to participate in the LCTC Program Observation activity.

LCTC Director, Assistant Director, or Counselor Signature _____
Date

LCTC Instructor Signature _____
Date