



WAKE COUNTY
PUBLIC SCHOOL SYSTEM

Apex Friendship High School
Academy of Engineering
Diane Cadavid, Academy Director
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(919) 694-0500 x 20007

February 7, 2020

Dear AoE Families:

Your student will have the opportunity to participate in a job shadowing experience as part of the work-based learning experiences in the Academy of Engineering & Advanced Manufacturing. Our job shadow day has been scheduled for Thursday, April 23, 2020. Your student will be paired with a local business/organization based on their interest as well as with the opportunities available through our business partners. This experience immerses each student in the world of work where they gain first-hand information about job skills and careers from industry professionals. Job shadowing provides exciting reasons to encourage students to apply themselves in school and creates a critical link between education and success.

Each job shadow experience is as unique as each of our students. Many of the businesses and organizations that are hosting students to job shadow are members of our Business Advisory Board. However, please understand that school personnel have not visited all business sites and will not be present to supervise when the student is at the site. Each student will sign a behavior and expectations contract that outlines expectations for student conduct prior to the job shadow experience. We are still looking for local businesses and organizations to host students. If you and your organization can help, please contact me.

Your student will receive information regarding their job shadow host prior to April 23. The information will include the name of the organization, contact person, details regarding start time/end time, dress code, lunch plans, etc. Please note **PARENTS MUST HANDLE TRAVEL ARRANGEMENTS TO AND FROM JOB SHADOW PLACEMENT**. Additionally, please review and sign the **Parent/Guardian Job Shadow Permission Form and WCPSS School Trip form**.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Diane Cadavid

www.wcpss.net

Si necesita servicios de traducción gratuitos para comprender los procesos escolares, llame al (919) 852-3303

إذا كنت بحاجة إلى خدمات الترجمة المجانية للتعرف على سير العمليات بالمدرسة، اتصل بالرقم (919) 852-3303

Si vous avez besoin de services de traduction gratuits pour comprendre les procédures scolaires, appelez le (919) 852-3303

यदि आपको विद्यालय की प्रक्रियाओं को समझने के लिए निःशुल्क अनुवाद सेवाएं चाहिए, तो (919) 852-3303 पर कॉल करें

학교/교육 과정에 관한 무료 번역 서비스가 필요하시면 다음 번호로 연락하여 주십시오 (919) 852-3303

Nếu quý vị cần sự thông dịch miễn phí để hiểu phương pháp trường học, xin vui lòng gọi số điện thoại (919) 852-3303

如果您需要免费翻译服务来了解学校流程, 请致电 (919) 852-3303



PARENT/GUARDIAN JOB SHADOW PERMISSION FORM

Purpose: This form notifies the parent/guardian of their student's participation in the Job Shadow program. Students will be registered through the Wake County Public School System work-based learning insurance coverage to address any medical or emergency condition that may occur during the time of the job shadow experience. Additionally, this authorizes medical attention in the event of an emergency. This form must be completed before the student visits the job site.

I, _____, give permission for
(Parent or Guardian)

_____ to participate in job shadowing, a work-based
Student Name) learning experience.

Transportation: I understand that transportation is the sole responsibility of the parent or legal guardian. The school is not directly supervising, controlling, or providing the students' transportation.

Parent/Guardian Initials____

Supervision: School personnel have not visited all business sites and will not be present to supervise when the student is at the site.

Parent/Guardian Initials____

Insurance/Liability: Wake County Public School System work-based learning insurance policies will address any medical or emergency situation in accordance with the coverage provided within that policy.

Parent/Guardian Initials____

Student Name: _____

Parent or Guardian Name: _____

Parent or Guardian Contact Number: _____

Parent or Guardian Email: _____

Emergency Contact: _____

Emergency Contact Number: _____

Parent's or Guardian's Signature)

Date



Student Contract and Code of Conduct

I _____, understand the importance of job shadowing to my education within the Academy of Engineering at Apex Friendship High School. I know that it is a privilege to participate and that people outside of school are giving up valuable time to help me learn about careers. By signing this contract, I agree to fulfill all the requirements of the Job Shadow program as outlined in the student checklist and this contract.

I understand that under no circumstances am I to simply “not show up”. In the event of a serious illness, I will call the business volunteer/host organization as well as the Academy Director, Mrs. Cadavid.

I understand that I am responsible for making up work in classes that I miss.

I agree to arriving on time to my job shadow placement and contact the school to confirm that I arrived on time. I agree to conduct myself appropriately and to act professional at all times during my job shadow experience; including time spent being transported to and from the job shadow host. During the Job Shadow experience, I will follow all school rules and understand that any violations will result in appropriate disciplinary actions.

I understand that I am representing the Academy of Engineering at Apex Friendship High School and that my conduct during my Job Shadow experience affects my classmates and others in the school district. If I make a good impression, everyone benefits. If I make a bad impression, it will be the impression of our school to the community.

Student Name

Student Signature

Date