Fargo North High School

Job Shadow Confirmation

Name of student: _____

Name of Job Shadow Host: _____

Host's Telephone Number: _____

Job Shadow Business: _____

Date of Job Shadow: _____

Time of Job Shadow: _____:_____ a.m./p.m. to _____:_____ a.m./p.m.

Address/or general location of job shadow_____

Parking instructions _____

RETURN THIS FORM TO THE CAREER CENTER <u>BEFORE</u> YOUR JOB SHADOW.

Karen Stugelmeyer
Career Resource Specialist
Fargo North High School
(701) 446-2413

FOR OFFICE USE ONLY

Date returned: _____

- ❑ Student copy
- ❑ Attendance Office copy