

**NEWTOWN HIGH SCHOOL  
CAREER CENTER  
12 Berkshire Road  
Sandy Hook, CT 06482  
(203) 426-7679 Fax 203-426-6573**

**APPLICATION FOR CAREER SHADOW**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Home Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Grade** \_\_\_\_\_

**Day/s of the week that are good to shadow** \_\_\_\_\_  
(you may not miss labs, tests, etc.)

**Tentative career shadowing areas of interest, in order of preference:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**What do you hope to learn from the career shadow experience?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional: I have a contact that may be interested in sponsoring me:**

**Contact Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**I understand that I am responsible for transportation to and from the career shadow experience.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*All forms must be submitted to Mrs. Latowicki, in the Career Center, by March 31 in order to participate in a Career Shadow Day.*