



Pathway 2 Success Permission Form

To the parents/guardians of _____.

_____ High School has partnered with the AUM Foundation in order to provide job shadowing opportunities. _____ will be afforded the opportunity to be mentored by a female professional in her desired career field and job shadow twice a year.

These job shadowing opportunities may require her to miss class.

However, _____ is responsible for completing any missed assignments.

Please be reminded that students are responsible for their own transportation.

The AUM Foundation has conducted extensive background checks on each mentor through DHR, MVR and have conducted national checks as part of their volunteer verification protocol.

Mentor Contact Information

Mentor Name _____ Phone: _____

As _____ parent/guardian I give the following permissions, **please initial each:**

_____ I give permission for _____ High School personnel to share _____ academic and behavior progress/records with AUM Foundation's employee and her mentor.

_____ I give permission for _____ to checkout of school to attend job shadowing with her mentor.

_____ I give permission for AUM Foundation's employees and _____ mentor to meet with her during school hours.

I agree and consent to all of the above permissions.

Parent/Guardian's Printed Name _____

Contact Phone Number _____

Parent/Guardian's Signature _____

Date _____