

Columbia High School
Sophomore Experience Day
Professional Contact Form

Salmon Form

Student Name: _____

Name of professional to be shadowed: _____

Professional title: _____

Business Name: _____

Business Address: _____

Include zip code _____

Preferred Telephone Number: _____

Preferred Fax # or e-mail address: _____

Time student is to report to work: _____ **Time student is to leave work:** _____

Appropriate Dress: _____

How Student Will Get To and From Work Site: _____

Type of Business/Services Provided:

Describe type of work student will engage in and/or other important information:

CHS Office Use Only

Administrative Approval: _____

Student was on time: _____

Student was dressed appropriately/professionally: _____

This form is due by April 10, 2015, to your Math teacher.