

**Columbia High School**  
**Sophomore Experience Day**  
**Parent/Student Permission Form**

**Student Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Person Being Shadowed:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

\_\_\_\_\_

**Preferred Phone Number(s):** \_\_\_\_\_

.....

I grant permission for my child to participate in the "Sophomore Experience Day" on May 1, 2015. It is understood that:

1. All school rules and regulations apply while he/she is on the sophomore experience day.
2. Transportation is the responsibility of the student and/or parent.
3. The parent assumes legal responsibility and liability for the student while he/she is participating in the sophomore experience day.

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

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

**Parent Contact Number(s):** \_\_\_\_\_

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