



STAY WITH THE ONES YOU KNOW!

STAY WITH THE ONES WHO KNOW YOU!

LOOK AT US NOW!

JOB SHADOW PARENTAL PERMISSION SLIP

STUDENT NAME: _____

PARENT/GAURDIAN NAME: _____

ATTENDING SCHOOL: _____

TEACHER'S NAME: _____

SUBJECT OF CLASS: _____

AREA OF INTEREST: (EX. SALES, PRODUCTION, ON-AIR TALENT)

PLEASE WRITE A BRIEF SENTENCE OF WHY YOU CHOSE HTV10 KFOL/KJUN AS YOUR CHOICE.

I, _____, THE PARENT / LEGAL GUARDIAN OF
PARENTS NAME

_____, GIVE PERMISSION FOR MY CHILD TO ATTEND A JOB

SHADOW OF AN HTV10 KFOL/KJUN EMPLOYEE ON THE DATE OF ____/____/_____.

7938 MAIN STREET ~ HOUMA, LA ~ 70360-2774 www.htv10.tv

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I FURTHER UNDERSTAND, THAT MY CHILD MAY RIDE IN A COMPANY VEHICLE AND GO ON
LOCATION WITH AN HTV10 KFOL/KJUN EMPLOYEE.

(SIGNATURE OF PARENT / L.G.)

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