

**St. John the Baptist Catholic School**

5375 Dry Ridge Road  
Cincinnati, OH 45252  
(513) 385-7970

By signing this form, I certify that

\_\_\_\_\_ (student name)

shadowed at

\_\_\_\_\_ (name of high school)

on \_\_\_\_\_

High School's Official Signature:

\_\_\_\_\_

Title \_\_\_\_\_

By signing this form I certify that my child shadowed at the above named high school on the above named date.

Parent Signature \_\_\_\_\_

St. John's student should return this form to the St. John's school office on the day after shadowing. Failure to turn in this form results in an unexcused absence for the above mentioned date.

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