



Job Shadowing/Internship Information Form for Parents

Your student, _____ has taken interest in participating in the following job shadow or internship in order to aid in their career exploration:

While the above job shadow/internship has been arranged by the school, this is completed outside of school hours so self-transportation is required and school staff will not be present.

Please sign here confirming that you have received the above information:

_____ Date: _____

Print name here: _____

Phone number: _____

Enfield High School Career Counselors

Julia Barnett
jbarnett@enfieldschools.org
860-253-6593

Colene Ceniglio
Cceniglio@enfieldschools.org
860-762-8853