

OAKLAND UNIFIED SCHOOL DISTRICT

SCHOOL SITE VISIT

TEACHER CONSENT FOR SCHOOL SITE “SHADOW VISIT”

This form must be completed prior to visiting the school.

Oakland Tech student information:

Student's name	Grade	Home room

Visiting student information:

Student's name	Current school	Grade

Date of visit to Oakland Tech: _____

Teacher permission (teachers please sign for each period):

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(Approved by Principal)