

REQUEST FOR CTE STUDENT INTERNSHIP

Student Name _____ Student Number _____

High School _____ Internship Position Requested _____

Parent/Guardian Approval: I understand that my student is applying for a paid internship position with Brevard Public Schools. If my child is offered an internship, I understand that he/she will be required to pay for fingerprinting, drug testing, and student accident insurance. I also understand that my student may have to exchange up to 3 class periods (or up to 2 blocks) to accommodate the internship course and that I am responsible for providing transportation to and from the internship. I understand that my child will receive a grade for the internship based on job performance. I approve of my child participating in the CTE Internship Program.

Signature

Date

Printed Name

CTE Teacher Approval: The student named above is in my CTE program and I understand that he/she is applying for a paid internship with Brevard Public Schools. I understand that I will be responsible for maintaining the audit file for this student while they are participating as an intern. He/She has completed sufficient coursework to apply for the internship position and I approve of this student participating in the CTE Internship Program.

Signature

Date

Printed Name

Guidance Counselor Approval: I understand that the student named above is applying for a paid internship with Brevard Public Schools. He/She currently has a _____ GPA and not less than a 2.0 in his/her Career & Technical Education electives. I have reviewed the student's transcript and he/she has earned sufficient credits for graduation. I also understand that if accepted, this student will require a schedule change to be enrolled in the appropriate CTE OJT course. I approve of this student participating in the CTE Internship Program.

Signature

Date

Printed Name

School Principal Approval: I am aware that the student named above is applying for a paid internship with Brevard Public Schools and that said student has received all the necessary approvals before submitting his/her application. I approve of this student participating in the CTE Internship Program.

Signature

Date

Printed Name

If you have any questions regarding the CTE Internship Program, contact Dr. David Baldaia, Resource Teacher, Office of Career & Technical Education, Phone: 321-633-1000 Ext 398, Email: baldaia.davidr@brevardschools.org