

STUDENT APPLICATION : INTERNSHIP/SHADOWING EXPERIENCE

STUDENT INFORMATION: PLEASE PRINT AND COMPLETE IN FULL

NAME: _____ DOB: _____

FULL ADDRESS: _____

STUDENT CELL: _____ SENDING DISTRICT: _____

STUDENT EMAIL: _____

PARENT'S NAMES: _____

PARENT'S CELL: _____

PARENT EMAIL: _____

UB PROGRAM: _____ LEVEL: _____ AGE: _____

WORK PERMIT NUMBER: _____ **CURRENT UBCTS GRADE:** _____

DO YOU HAVE TRANSPORTATION? _____ DO YOU HAVE A DRIVER'S LICENSE? _____

ARE YOU EMPLOYED NOW? _____ WHERE? _____

ARE YOU PLANNING ON CONTINUING TO WORK WHILE IN THE INTERNSHIP PROGRAM? _____

DO YOU HAVE A CURRENT, COMPLETE RESUME? _____

MUST BE COMPLETED PRIOR TO INTERNSHIP/SHADOW:

COPIES OF:

WORK PERMIT _____ DRIVER'S LIC _____ CAR REGISTRATION _____ CAR INS _____ RESUME _____

DAYS/TIMES YOU WOULD LIKE TO INTERN: _____

SCHOOL NURSE: I have reviewed the health records. The following are health concerns:

Nurse Signature: _____ **Date:** _____

*****SENDING DISTRICT SIGNATURE:** The sending school has reviewed and recommends the above student for the cooperative education/career internship program based on academic grades, attendance and discipline. Please take to guidance, assistant principal or principal for signature.

Sending District Signature: _____ **Date:** _____

I understand & agree to complete all course requirements. I will follow the internship and shadow program & workplace guidelines. I may not drive to Upper Bucks County Technical School for any reason without permission. Failure to follow these requirements may lead to termination from the program.

STUDENT SIGNATURE:	DATE:
PARENT SIGNATURE:	DATE:
CTE TEACHER:	DATE:
SCHOOL TO WORK COORDINATOR:	DATE:

