

North Reading High School
Student Application for Senior Internship

Student Name: _____

1) I would like to participate in a senior internship at:

Business/Organization Name: _____

Address: _____

Supervisor's Name: _____

Supervisor's Phone/Email: _____

2) The reasons I would like to participate in an internship at the above business/organization are:

3) I would like to participate in an internship on (choose one option):

_____ One day (either Green or Gold)

_____ Both days (Green and Gold)

4) All students should choose eight courses at the time of course selection. Internships will be approved and added to students' schedules later in the course selection/scheduling process. If you are approved for an internship, please list the course(s) that you would prefer to have removed from your selections/schedule to accommodate the internship.

1st course to be replaced: _____

2nd course to be replaced (if applicable): _____

*****Please also complete the reverse side of this form.*****

5) The following items must be submitted with this application. Please check below to indicate that each item is being submitted with the application. Then please attach the items with a paperclip, staple, etc.

_____ A letter of commitment from the individual who will supervise you within the workplace.

_____ A letter/note from a parent or guardian granting you permission to participate in an internship. In addition to granting the student permission to participate in the internship, the letter/note must clearly state that the student has permission to leave school following the third block on the day(s) of the internship and that the parent/guardian understands that transportation to the internship is the responsibility of the student.

6) Please note that in order to remain in an internship, students must maintain satisfactory progress in all their courses. In addition, in school and at the work site, students must maintain acceptable attendance and display acceptable conduct.

Please sign below to indicate that you have reviewed and completed all parts of this application and that you have attached all required documents. Once completed and signed, please submit this application and the accompanying documents to your guidance counselor.

Student's Signature

Date

Student's Name (printed)

For guidance/admin use only: