

FOR OCE OFFICIAL USE ONLY:

GPA: _____/_____

ATTENDANCE _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS

Internships@dadeschools.net

APPLICATION DEADLINE: FRIDAY, March 3, 2017

INTERNSHIP APPLICATION (MUST BE TYPED)

STUDENT INFORMATION:

ID#: _____ NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

HOME: _____ CELL: _____ EMAIL: _____

ETHNICITY:

____ ASIAN ____ BLACK
____ HISPANIC ____ INDIAN
____ MULTIRACIAL ____ NATIVE AMERICAN
____ WHITE ____ OTHER: _____

Please check all that apply:

____ ESOL ____ GIFTED ____ FREE or REDUCED LUNCH

GENDER (Please check one):

____ MALE ____ FEMALE

SCHOOL INFORMATION:

SCHOOL NAME: _____ CURRENT GRADE: _____

GUARDIAN INFORMATION:

FATHER/GUARDIAN NAME: _____ PHONE 1: _____

EMAIL: _____ PHONE 2: _____

MOTHER/GUARDIAN NAME: _____ PHONE 1: _____

EMAIL: _____ PHONE 2: _____

FIELDS OF INTEREST:

PLEASE READ YOUR INTERNSHIP HANDBOOK FOR IDEAS ON POSSIBLE CAREER CHOICES:

- 1. _____
- 2. _____
- 3. _____

INSURANCE:

MARK IF YOU HAVE PRIVATE INSURANCE OR HAVE PURCHASED SCHOOL INSURANCE (SUBMIT PROOF):

____ PRIVATE INSURANCE
____ PURCHASED SCHOOL INSURANCE

COUNSELOR/FACULTY RECOMMENDATION: NAME: _____ TITLE: _____

SIGNATURE: _____

IF YOU HAVE YOUR OWN MENTOR (NO FAMILY MEMBERS OR FRIENDS), FILL OUT THE FOLLOWING:

*PROPOSED PROVIDER NAME: _____

COMPANY NAME: _____ DEPARTMENT NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____ EMAIL:(required) _____

TYPE OF BUSINESS: _____

PARENT PERMISSION FORM & LIABILITY WAIVER (SUBMIT PROOF):

I have read the INTERNSHIP HANDBOOK; I understand and agree to the conditions that are required for participation in the Internship Program. I give consent for my child to participate.

PARENT NAME: _____

PARENT SIGNATURE: _____

STUDENT SIGNATURE: _____

FOR ELIGIBILITY AND COURSE REQUIREMENT REVIEW INTERNSHIP HANDBOOK

http://community.dadeschools.net/!internship/HE_overview.asp