

**BUSINESS OFFICE USE
FOR ADULTS STUDENTS ONLY:**



High School Student

Adult Student

Total hours: _____ x \$6.50= \$ _____

This total has to be paid prior to start the internship

**Internship / Job Shadow
Parent/Student Release/Permission Form**

TRANSPORTATION PERMISSION AND WAIVER OF LIABILITY

I understand that the Lake County High Schools Technology Campus and the member high school district assume no responsibility for negligence, willful or wanton or commission of crime or violation of ordinance while driving to the internship site. I also understand that involvement in this activity is voluntary and responsibility for the same shall lie solely with students and the parent thereof.

WORK-BASED LEARNING PERMISSION AND WAIVER OF LIABILITY

I agree the Workforce Development Coordinator, the instructor, the training sponsors, and the students will develop a training plan to be accomplished on the job, that the employment of the students will conform to all federal, state, and local laws, and that any work in hazardous occupations will be incidental and under direct supervision, and that safety instruction will be given at the school and on the job. Consult Child Labor Law and Bulletin No. 101.

Internship / Job Shadow Location

I have verified that the internship site information and Attendance Plan is complete and correct. I also understand that the student is to only go to this location during the specified times and dates indicated below:

Internship / Job Shadow Site Information

Internship / Job Shadow Site Attendance Plan

Company Name

Start Date

Street Address

End Date

City, State, and Zip Code

Start Time

Phone Number

End Time

189

Days of the week attending

License Number

Check one: Internship Job Shadow

By signing below, I indicate that I have read and understand the requirements, policies and procedures, and understand the purpose and intents. My signature below indicates that I agree to all terms and conditions.

Print Student Home School

Tech Campus Student ID

Print Home School Representative Name

Home School Representative Signature

Date

Print Student Name

Student Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Print Sponsor Name

Sponsor Signature

Date

Print Instructor Name

Instructor Signature

Date

Equal Education Opportunities

It is the policy of the Lake County High Schools Technology Campus not to discriminate on the basis of race, color, age, national origin, sex, religious beliefs, creed, ancestry, national origin, physical and mental handicap or disability, sexual orientation, status as homeless, or actual or potential marital or parental status, including pregnancy with respect to its educational programs, enrollments, activities or employment policy. This policy of non-discrimination is in compliance with Titles IX and VI and Section 504