

Academy for Science and Health Professions

Self-Arranged Career Shadow & Internship Pre-Approval Form

Student Name _____

Site of 80-Hour Internship _____

Name of Career Professional mentoring under _____

Address _____ City/Zip _____

Phone _____ Email _____

Description of Internship, including company, job duties, and activities the intern will be participating in:

1. Professional Agreement

I agree to allow this student to participate in an 80-hour mentoring/internship experience.

Professional Signature

Date

2. Student Agreement

I understand and agree to follow all on-site rules, dress codes, confidentiality guidelines, and safety guidelines described by the office of the mentor-professional.

Student Signature

Date

3. Parent Agreement

I understand and agree to allow my student's participation in a 80-hour internship experience to meet core Academy requirements. I also understand and agree that my child must follow all on-site rules, dress codes, confidentiality guidelines, and safety guidelines described by the office of the mentor-professional.

Parent Signature

Date

****Submit Signed Form to Academy Office for pre-approval from Headmaster.**