

Syracuse City School District 725 Harrison Street, Syracuse, NY 13210

CTE Internship Program Application Form

(Form #2)

Personal Information

Last Name	First Name	Age	Date of Birth		
Street		Home Telephone Number	Cell Phone Number		
City, State, Zip		Emergency Contact Name	Telephone Number		
Email Address		Relationship to Emergency Co	Relationship to Emergency Contact		
Primary Parent/ Guardian Name		Parent/ Guardian's Telephone Number Home Cell			
Primary Parent/ Guardian Email					
Secondary Parent/ Guardian Name		Secondary Parent/ Guardian's	Secondary Parent/ Guardian's Telephone Number		
Secondary Parent/ Guardian Email		Home Cell			
Working Papers Certificate Number		SCSD Student schedule should be attached to this form			
		School Counselor			

School Year Training/ Work Schedule Availability

Please list the hours you can work during a typical weekly schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please check applicable box: Fixed Schedule Schedule will vary

Sports, Clubs, and Other Activities

Transportation

Please check the appropriate response

Do you have a license?	Yes	No	If YES, which license do you have?	Full License	Junior License	
Do you drive to school?	Yes	No	License Number:			

If you do not have a license, how do you plan on getting to and from your internship? Public Transportation Other



INSURANCE COVERAGE IN CASE OF INJURIES TO STUDENT AT INTERNSHIP:

EMPLOYER'S WORKER'S COMPENSATION MUST COVER THE STUDENT IN CASE OF INJURIES AT TRAINING SITE. PROGRAM AWARENESS STATEMENT TO BE CHECKED BY STUDENTS:

In order to receive credit for my work-based learning experience, I must be training at a legal site approved by the school's CTE Teacher or work-based learning coordinator.

I must notify my CTE teacher or work-based learning coordinator immediately if there is a change of work schedule or duties at the training site.

Failure to report any disciplinary action, termination, or proper documentation of hours may result in the student not earning school credit.

Students must present all daily attendance records to CTE teacher or work-based learning coordinator weekly and complete all assignments related to the program.

I must immediately notify my work-based learning coordinator if I have or develop any medical condition(s) which affects my ability to participate in training, such as allergies, lifting heavy items, movement, standing, sitting, migraine headaches, etc. If there are any current conditions, please state them below. The presence of such a condition will not necessarily preclude me from participating in the internship and accommodations may be provided.

PARENTAL/GUARDIAN PERMISSION AND PICTU	JRF/NFV	NS STORY RFI FASI
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Relationship to Student

Student's Name

I give my child,	permission to participate in the work-based learning internship at				
the Syracuse City School District. By signing the parental permiss	ion form, it is understood that:				
All the information is accurate.					
• In order to receive credit, students must work a minimum of	of 150 hours during the school year.				
All students must report to CTE teacher or work-based learning coordinator in the case of any change in employment.					
 Failure to report any disciplinary action, termination, or procredit. 	oper documentation may result in the student not earning school				
 Students must present all daily attendance records to CTE assignments related to the program. 	teacher or work-based learning coordinator weekly and complete all				
 A student with a junior license must only drive to school if with them the proper paperwork as directed by the work-li- 	they go directly to work following the school day and they must carry pased learning coordinator.				
In addition to agreeing with the above statements, please check of	off one:				
I give permission for my child's photograph or nam	e to be used to promote the Work Experience Program.				
I do <u>not</u> want my child's photograph or name to be	used to promote the Work Experience Program.				
	/ /				
Parent/ Guardian's Name Parer	nt/ Guardian's Signature Date				

The Syracuse City School District hereby advises students, parents, employees and the general public that it is committed to providing equal access to all categories of employment, programs and educational opportunities, including career and technical education opportunities, regardless of actual or perceived race, color, national origin, Native American ancestry/ethnicity, creed or religion, marital status, sex, sexual orientation, age, gender identity or expression, disability or any other legally protected category under federal, state or local law. Inquiries regarding the District's non-discrimination policies should be directed to: Executive Director of Student Support Services, Civil Rights Compliance Officer, Syracuse City School District, 725 Harrison Street • Syracuse, NY 13210/ (315) 435-4131, Email: CivilRightsCompliance@scsd.us

Student's Signature

