



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 Contact	
Primary Parent/ Guardian Name		Parent/ Guardian's Telephone Number	
Primary Parent/ Guardian Email		Home	
		Cell	
Secondary Parent/ Guardian Name		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



