

**FOR OCE OFFICIAL USE ONLY:**

GPA: \_\_\_\_\_ / \_\_\_\_\_

ATTENDANCE \_\_\_\_\_

**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

[Internships@dadeschools.net](mailto:Internships@dadeschools.net)

**APPLICATION DEADLINE: FRIDAY, FEBRUARY 26, 2016**

**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: \_\_\_\_\_

**COURSE INFORMATION:**

PLEASE READ YOUR INTERNSHIP HANDBOOK TO CHOOSE YOUR CAREER CHOICE:

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 MENTOR 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](http://community.dadeschools.net/!internship/HE_overview.asp)