

Please provide contact information where you can be reached over summer

Career & Technical Education Internship Application

DATE:

Due Date: 3/22/24

	Applicant Ir	ıformati	on		
= ""				Birthday	
Full Name:	Last First			(mm/aa/yyy	y):
	2400				
Address:					
	Street Address				Apartment/Unit #
	City		S	State	ZIP Code
Cell		rsonal			
Phone:	E	mail:			
School ID #	t:CTE Progra	am:			
High					
School:		Teacher:			
	ss to transportation to and from the internship?	YES	NO		
Interested	in internship: summer only?				
	school year only? summer and school year?				
	Parent/Guardia	n Inforr	nation		
				514 11	
Name: _					<u> </u>
Email: _				Phone:	
Alternate					
Contact: _				Phone:	
	For School (
eligibility red	nust answer yes to questions 1-4 to be able to participa quiring 3 sequential CTE courses. Students are not req				
internship p	rogram. **				
Name:				School:	
Email:				Phone:	
		YES	NO		
1. Is the st	udent a rising senior?				
2 le the et	udent enrolled in a CTE Pregram?	YES	NO		
2. Is the st	udent enrolled in a CTE Program?				
	student successfully completed	YES	NO		
at least 2 c	ourses in CTE program?				
	student completed required courses to graduate	YES	NO		
or is on tra	ck to complete required courses senior year?				
	udent planning to enroll in the level 3 CTE	YES	NO		
program co	ourse in the third year?				

		Additi	onal Inform	nation			
Preferred town	/city of Internship:						
	Field Interest: sign in architecture firm) ur CTE Program*						
Are you curren CTE program f	tly employed in your ield?	YES	NO				
If yes, please semployed and	state where you are your position:						
	_	Disclair	mer and Sig	anaturo			
I certify that m	y answers are true ar						
If this applicat	ion leads to employm result in my release.					n my application or	
School Counselor Signature:					Date:		
Student Signature:					Date:		

Submit completed packet to:

Peter Phillips & Farah Shakoorian Work-Based Learning Specialist

By email:

Email: phillips.peter@brevardschools.org

shakoorian.farah@brevardschools.org

Via courier:

Brevard Public Schools Career and Technical Education Att: Peter Phillips 2700 Judge Fran Jamieson Way Viera, Florida 32940

CTE STUDENT INTERNSHIP APPROVAL FORM

*Completion of this application is not a guarantee of internship placement *

	Student Name		Student Number
	High School	Internship Position Requested	
	Schools or one of our community exchange up to 3 class periods (nderstand that my student is applying for a paid or unpaid into y partners. If my child is offered an internship, I also unders or up to 2 blocks) to accommodate the internship course and rnship. I understand that my child will receive a grade for the ir in the CTE Internship Program.	stand that my student may have to I that I am responsible for providing
	Signature		 Date
	Printed Name		
	internship with Brevard Public Sch audit file for this student while th	student named above is in my CTE program and I understanced or one of our community partners. I understand that I will never are participating as an intern. He/She has completed sure of this student participating in the CTE Internship Program.	ill be responsible for maintaining the
	Signature		
	Signature		Date
	Printed Name:		
	Printed Name: Guidance Counselor Approval Schools or one of our community & Technical Education electives. also understand that if accepted,	: I understand that the student named above is applying for partners. He/She currently has a GPA and I have reviewed the student's transcript and he/she has earn this student will require a schedule change to be enrolled in the ting in the CTE Internship Program.	or an internship with Brevard Public I not less than a 2.0 in his/her Career led sufficient credits for graduation. I
	Printed Name: Guidance Counselor Approval Schools or one of our community & Technical Education electives. also understand that if accepted,	partners. He/She currently has a GPA and I have reviewed the student's transcript and he/she has earn this student will require a schedule change to be enrolled in the	or an internship with Brevard Public I not less than a 2.0 in his/her Career led sufficient credits for graduation. I
** <u>S</u> TOF	Printed Name: Guidance Counselor Approval Schools or one of our community & Technical Education electives. also understand that if accepted, I approve of this student participa Signature Printed Name	partners. He/She currently has a GPA and I have reviewed the student's transcript and he/she has earn this student will require a schedule change to be enrolled in the	or an internship with Brevard Public I not less than a 2.0 in his/her Career led sufficient credits for graduation. I e appropriate CTE internship course. Date
** <mark>STOP</mark>	Printed Name: Guidance Counselor Approval Schools or one of our community & Technical Education electives. also understand that if accepted, I approve of this student participa Signature Printed Name PHERE. Signatures below will be of the control of our community partners.	partners. He/She currently has a GPA and I have reviewed the student's transcript and he/she has earn this student will require a schedule change to be enrolled in the ting in the CTE Internship Program.	or an internship with Brevard Public I not less than a 2.0 in his/her Career led sufficient credits for graduation. I e appropriate CTE internship course. Date granted, the student will be cont ternship with Brevard Public Schools
** <mark>STOF</mark>	Printed Name: Guidance Counselor Approval Schools or one of our community & Technical Education electives. also understand that if accepted, I approve of this student participa Signature Printed Name PHERE. Signatures below will be of the control of our community partners.	partners. He/She currently has a GPA and I have reviewed the student's transcript and he/she has earn this student will require a schedule change to be enrolled in the ting in the CTE Internship Program. **Debtained by CTE District Office. If final approval is not aware that the student named above is applying for an inters and that said student has received all the necessary as a student program.	or an internship with Brevard Public I not less than a 2.0 in his/her Career led sufficient credits for graduation. I e appropriate CTE internship course. Date granted, the student will be cont ternship with Brevard Public Schools
** <u>STOF</u>	Printed Name: Guidance Counselor Approval Schools or one of our community & Technical Education electives. also understand that if accepted, I approve of this student participa Signature Printed Name School Principal Approval: I are or one of our community partner application. I approve of this stude Signature Printed Name	partners. He/She currently has a GPA and I have reviewed the student's transcript and he/she has earn this student will require a schedule change to be enrolled in the ting in the CTE Internship Program. **Debtained by CTE District Office. If final approval is not aware that the student named above is applying for an inters and that said student has received all the necessary arent participating in the CTE Internship Program.	or an internship with Brevard Public I not less than a 2.0 in his/her Career led sufficient credits for graduation. I e appropriate CTE internship course. Date granted, the student will be contempt ternship with Brevard Public Schools approvals before submitting his/her
** <mark>STOF</mark>	Printed Name: Guidance Counselor Approval Schools or one of our community & Technical Education electives. also understand that if accepted, I approve of this student participa Signature Printed Name PHERE. Signatures below will be of one of our community partner application. I approve of this students. Signature	partners. He/She currently has a GPA and I have reviewed the student's transcript and he/she has earn this student will require a schedule change to be enrolled in the ting in the CTE Internship Program. **Debtained by CTE District Office. If final approval is not aware that the student named above is applying for an inters and that said student has received all the necessary arent participating in the CTE Internship Program.	or an internship with Brevard Public I not less than a 2.0 in his/her Career led sufficient credits for graduation. I e appropriate CTE internship course. Date granted, the student will be contempt ternship with Brevard Public Schools approvals before submitting his/her

Printed Name