

Additional Information

Preferred town/city of Internship: _____

Type of Career Field Interest:
(ex: Technical Design in architecture firm)
Must tie to your CTE Program _____

Are you currently employed in your CTE program field? YES NO

If yes, please state where you are employed and your position: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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 _____

Parent/Guardian Approval: I understand that my student is applying for a paid or unpaid internship position with Brevard Public Schools or one of our community partners. If my child is offered an internship, I also understand that my student may have to exchange up to 3 class periods (or up to 2 blocks) to accommodate the internship course and that I am responsible for providing transportation to and from the internship. I understand that my child will receive a grade for the internship based on job performance. I approve of my child participating in the CTE Internship Program.

Signature _____ Date _____

Printed Name

CTE Teacher Approval: The student named above is in my CTE program and I understand that he/she is applying for an internship with Brevard Public Schools or one of our community partners. I understand that I will be responsible for maintaining the audit file for this student while they are participating as an intern. He/She has completed sufficient coursework to apply for the internship position and I approve of this student participating in the CTE Internship Program.

Signature _____ Date _____

Printed Name:

Guidance Counselor Approval: I understand that the student named above is applying for an internship with Brevard Public Schools or one of our community partners. He/She currently has a _____ GPA and not less than a 2.0 in his/her Career & Technical Education electives. I have reviewed the student's transcript and he/she has earned sufficient credits for graduation. I also understand that if accepted, this student will require a schedule change to be enrolled in the appropriate CTE internship course. I approve of this student participating in the CTE Internship Program.

Signature _____ Date _____

Printed Name

*******STOP HERE. Signatures below will be obtained by CTE District Office. If final approval is not granted, the student will be contacted.*******

School Principal Approval: I am aware that the student named above is applying for an internship with Brevard Public Schools or one of our community partners and that said student has received all the necessary approvals before submitting his/her application. I approve of this student participating in the CTE Internship Program.

Signature _____ Date _____

Printed Name

Career and Technical Education Approval:

Signature _____ Date _____

Printed Name