

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:
Grace Svitak-Norton, Work-Based Learning Specialist

By email:
Email: svitak-norton.grace@brevardschools.org

Via courier:
Brevard Public Schools
Career and Technical Education Att: Grace Svitak-Norton
2700 Judge Fran Jamieson Way
Viera, Florida 32940

CTE STUDENT INTERNSHIP APPROVAL FORM

Student Name _____ Student Number _____

High School _____ Internship Position Requested _____

Parent/Guardian Approval: I understand that my student is applying for a paid internship position with Brevard Public Schools. 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. 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. 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 OJT 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 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