

Lynnfield High School Senior Internship Application

Student Name	
Student Cell Phone Number	
Guide Name	
Guide Phone Number	
Guide Email	
Business Name	
Business Address	

Attach this application to a typed description of your internship, describing the work you will be doing with your guide, where you will be interning, and the expected project or outcomes. You may also include reasons for selecting this internship. Submitted proposals will be reviewed by the Committee.

YOUR PROPOSAL WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION or IF IT IS HANDWRITTEN.

Your proposal must be completed and handed in by March 20, 2026. Please bring forms to the front office.

Approval Signatures:

I have read and agree to abide by the Senior Internship Guidelines. It is understood that if sufficient progress is not made, or if inappropriate behavior is displayed, this approval may be withdrawn. If the approval is withdrawn, the senior will return to Lynnfield High School and continue to follow their program of study. The student will also be required to make up all work assigned from the beginning of the internship. I give my permission for my child to be publicly photographed/quoted in the newspaper or other media.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

See Additional Required Signatures on Next Page

Additional Signatures:

Guide _____ Date _____
Signature/ Print

Mentor _____ Date _____
Signature/Print

Asst. Principal _____ Date _____
Signature

Teacher _____ Date _____
Signature

Teacher _____ Date _____
Signature

Teacher _____ Date _____
Signature

Teacher _____ Date _____
Signature

Teacher _____ Date _____
Signature

Schedule of Internship

Day	Location	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you taking Advanced Placement courses? YES NO

Approved Denied

 Internship Committee Signature