

CAREER EXPLORATION INTERNSHIP PROGRAM
2024-2025

NAME _____
A or B DAY _____ **MOD** 10

HOME PHONE: _____ **STUDENTS EMAIL ADDRESS** _____

YOUR CELL # _____ **AGE AS OF 10/1/24** _____

HR TEACHER _____ **COUNSELOR** _____

PARENT(S) NAME(S) _____

PARENTS EMAIL ADDRESS _____

LIST, IN ORDER OF PRIORITY, THREE (3) CAREER AREAS OF INTEREST FOR INTERNSHIPS.

1) _____ **OTHER INFO?**

2) _____

3) _____

PLEASE USE THE SPACE BELOW TO INDICATE WHEN YOU ARE FREE DURING THE SCHOOL DAY!

SEMESTER 1 _____

SEMESTER 2 _____

IF YOU ARE INTERESTED IN THE FIELD OF EDUCATION, SCHOOL PSYCHOLOGY ETC., PLEASE IDENTIFY YOUR SCHOOL PREFERENCE, GRADE AND TEACHER DOWN BELOW.

SCHOOL PREFERENCE? _____

GRADE PREFERENCE? _____

TEACHER PREFERENCE? _____

USE THE REMAINING SPACE FOR ANY ADDITIONAL INFORMATION. FEEL FREE TO CONTINUE ON THE BACK OF THIS SHEET.