

**INTERNSHIP  
SCHOOL YEAR 2025-2026**

Name \_\_\_\_\_  
          Last                                      First                                      Middle

Student ID \_\_\_\_\_ Student Grade Level (next year) \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Student Non-GCPS E-mail Address \_\_\_\_\_

**Family Agreement**

*As a student signing up for the internship program for the 2025-2026 school year, I understand... (please student and parent/guardian initial by each statement)*

- The emphasis is on real-world experiences and student experiences will vary greatly between students.
- Specific internship placements are not guaranteed.
- Students may be required to research and secure their own internship placement.
- Students who do not secure their own internship placement by the beginning of next school year will be placed by the Internship teachers.
- There will be a graded summer assignment.
- Student learning must be self-directed due to the nature of the course.
- Student will choose **two** current McClure HSHS teachers (high school past or present) to complete a recommendation form. If a student is potentially interested in a placement in the medical field, one recommendation **must** be completed by a health science teacher. Teacher names are included on the application form.
- For some placements (e.g. medical, veterinary, laboratory, dentistry, etc.) special immunizations or health certifications are necessary for acceptance. Depending on internship placement, students may need specific testing and uniforms that come with an additional cost. The student agrees to communicate concerns immediately with the Internship teachers to develop solutions so that inability to pay does not hinder student participation.
- The family has reviewed the student application and confirm that all information is accurate and true, especially the transportation plans for next school year.

***The signatures below certify that we have read the accompanying documents and completed the information above and that we understand that the Intern Program has unique requirements and expectations of students. We agree to abide by these requirements and expectations.***

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
Date

<p><b>For Office Use Only:</b> Date Received by Mrs. Taylor _____</p>
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