



2026 – 2027 - Student Application for

Crown Point High School

Professional Internship Program

Must turn into Guidance Counselor by April 10, 2026

Print all Information

Date of Application _____

Personal information

Career Goal _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Student Cell Phone # _____ CPHS Athlete? sport: _____

School Email _____ (you must check school email over the summer)

Age _____ Date of Birth _____ Approximate Cumulative GPA _____

Have you ever been arrested for any offense other than a minor traffic violation? _____

If yes, please explain _____

Career Interest 1. _____

2. _____

Do you need assistance finding an internship assignment? ____Yes ____No

If you have already secured your own internship, please answer the following:

Name of Company _____ Company Phone _____

Supervisor's Name _____ Supervisor's Email _____

Type of work you have held in previous job(s) and name of business

Question/Answer

1. Are you on track to graduate next year without WBL credits? ____Yes ____No

2. Do you have transportation with current insurance? ____Yes ____No

General Rules

- Internship placement should be secured by August 1st
- Placement must be a regularly scheduled internship, no “on call” or seasonal work
- Internship must be approved by a CPHS job coach
- Internship must be related to a career pathway
- Fast food and beverage (nutrition drinks and coffee) are not acceptable for internships
- Internship is a full year class, it may not be added the second semester
- Home-based work sites are not allowed
- Students must keep their internship for the whole semester
- Students must have their own transportation and obtain a school parking permit
- Internship students are required to work a minimum of 12 hours per school week
- All students should make an effort to obtain their own placement in the early summer. CPHS job coaches will help qualified students obtain placements but it is not guaranteed. Qualified students will be contacted by a job coach over the summer (early July).
- Each student will be required to participate in a fundraiser to pay for our end of the year Employer Appreciation Luncheon
- The following will determine your eligibility for the program:
 - Discipline status
 - Attendance status
 - On track to graduate in 2027
 - Must have personal transportation with insurance
 - Compliance with student handbook
 - Must have internship secured by August 1

For Guidance and Job Coaches Only:

Career Pathway_____

Discipline_____ Absences_____ GPA_____ Class in pathway?_____



Crown Point High School Work Based Learning/Career Internship Experience Program



Parent/Guardian Consent Form

Your son/daughter has applied to the Work Based Learning/Career Internship Experience Program offered through Crown Point High School. This document gives permission for your child to participate in the program, realizing that each student must provide their own transportation to and from the work site and that your son/daughter must meet the application requirements to be accepted into the program.

Permission to Participate

_____ may participate in the Work Based Learning/Career Internship Experience Program as (Print Student's Name: First, Last) specified in the Work Based Learning/Career Internship Experience Program Training Agreement and Training Plan, which will be completed once he/she is officially approved for a work site.

_____ Yes _____ No

Permission to Travel

As the parent/legal guardian of the above-named student, I hereby consent he/she may drive a private vehicle to and from the work site. I acknowledge that he/she is licensed to drive under the laws of the State of Indiana and agree to advise the school immediately if his/her driving privileges are suspended, revoked, or have expired without a timely renewal. I understand the automobile insurance is required.

_____ Yes _____ No

As the parent/legal guardian of the above named student, I hereby consent to allow him/her to ride with another student, if necessary, to the work site.

_____ Yes _____ No

As the parent/legal guardian of the above named student, I understand my student must hold a current school-issued parking pass with current driver's license and insurance.

_____ Yes _____ No

Photo Release

I grant permission for my son/daughter to be photographed or videotaped for promotional and educational purposes while participating in this program.

_____ Yes _____ No



Crown Point High School Work Based Learning /Career Internship Experience Program



Medical Authorization and Insurance Information

Should it be necessary for my son/daughter to have medical treatment while participating in this program, I hereby give the school corporation and/or the work site personnel permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

_____ Yes _____ No

Permission is also granted to release emergency contact/medical history to the attending physician or to the work site personnel, if needed.

_____ Yes _____ No

Health Insurance Company _____

I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against the Crown Point School Corporation and my child's work site or their respective officers, employees, or representatives arising from injury or damages, including attorney fees that may result from my child's participation in the Work Based Learning/Career Internship Experience Program.

I further agree to indemnify and hold harmless the Crown Point School Corporation, its employees, and my child's work site or their respective officers, employees, or representatives from any claims, including attorney fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the Work Based Learning/Career Internship Experience Program.

Signature of Parent/Guardian

Date

Date

For the Student:

I recognize that acceptance into the work Based Learning/Internship program is a privilege, and I will accept all responsibilities/obligations for this program and take advantage of every opportunity that will improve my skills in both the classroom and on the job. I understand that it is my responsibility to attend the required classroom session on a weekly basis and maintain currency on all class assignments. Further, if I am terminated or removed from my employment/internship, I understand that this is grounds for removal from the program.

Student Signature

Date