

Dear Parent/Guardian:

It is our practice to inform parents when students will be participating in educational experiences outside of the classroom that can benefit their overall educational experience. San Bernardino County Superintendent of Schools and the Alliance for Education is offering a Micro-Internship opportunity for select Chaffey Joint Union High School District students. Students who participate in this virtual internship will work with the Alliance for Education Community Partners to learn about work-ready skills through a ninety-minute distance-based (Zoom) experience. Successful completion of this Micro-Internship will lead to students earning a Digital Badge. Your student, through a competitive application process, has been selected to participate in a Micro-Internship with Alliance for Education Partner, Converge One; Website: <https://www.convergeone.com/>

Please indicate whether you give your consent for your student to participate and sign below. This completed form should be returned to your student's teacher, \_\_\_\_\_

Name of School: Los Osos High School

\_\_\_\_\_ has permission to participate in the:  
Student's Name

**Micro-Internship via Zoom with ConvergeOne on October 8, 2020**

As provided for in California Education Code Section 35330, I agree to waive all claims against and hold the Chaffey Joint Union High School District and/or Los Osos High School, its officers, agents, and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District and/or Los Osos High School, its employees, or agents.

In consideration of allowing my child to participate in the above-named activity, I have read and fully understand the contents of this document and hereby offering my consent by my signature below.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Work Phone                      Home Phone

\_\_\_\_\_  
Date

**In the event of an emergency, please contact:**

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Home Phone                      Cell Phone

Please feel free to contact me or if you have questions or concerns related to this voluntary internship.

Thank you,

