Application for SEDALIA FIT 40-Hour Internship Program



Name:	Cell Phone #:		
Grade:	_ Seminar Teacher:		
Have you taken ACT?	If so, score:	GPA:	
Have you had any par	t time work experience? If so	, when & where?	
What did you learn ab	out yourself from this work ex	perience?	
What do you hope to g	gain from the internship expe	ience?	
		bring to the place of employment y	
	ss period. Please dress busir	nesday's (see schedule on back). Y ness casual (nice jeans are ok). We	
What school hour wou	Id be best for your interview?		
	I be dismissed from school for rking with your assigned emp	or one week (see schedule on back) oloyer.	to
Do you un	derstand you are responsible	for all school work missed during the	his time?
Do you ha	ve transportation to get to & f	rom an assigned workplace?	
-	ave sports practice or a job th will you need to leave?	at will require you to leave the work	place
Student Signature			
Parent Signature (requ	uired to participate)		
Parent Email			
Please	complete school field trip per	mission slip on back side also.	

Return application to Mrs. Harvey in Room C118.

2018-19 FIT Internship Schedule Forty-hour Internship Tryout available to Juniors & Seniors				
Application Due	Interview Date	Internship Week		
Thurs., September 13	Wed., September 19	October 8-12		
Thurs., October 18	Wed., October 24	November 5-9		
Thurs., January 17	Wed., January 23	February 4-8		
Thurs., February 14	Wed., February 20	March 11-15		
Wed., March 20	Wed., March 27	April 8-12		
Thurs., April 25	Wed., May 1	May 20-24 (Seniors only)		

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SEDALIA SCHOOL DISTRICT #200 FIELD TRIP PERMISSION FORM

Form 5660

will t	be participating in a field trip to \underline{ASS}	igned local business
on one of above Internship Weeks	ith Contract Mrs. Harves (Teacher/Te	y w/ questions.
The students will depart from school on that day at	and return to the school	responsible formissed tat approximately work
Transportation to and from the school will be arran school: internship a		
Students (will/will not) need to bring a sack lunch	on that day. (varies by location	iand transportation)
The educational objectives of the field trip are as for interns hip program to le	ollows: <u>complete 40-</u> carn about care-	hour er opportunities.
I request that my child be permitted to part cooperate and conform to directions and instruction necessary for my child to have medicine and/or me permission to the physician selected by the school p appropriate by the physician. I agree to relieve the participating adults from any liability in connection My student has the following medication	ns of the supervisory personnel in char edical treatment while participating in a personnel to render medical treatment school district, district employees, off a with this request.	rge of the field trip. Should it be this trip, I hereby give deemed necessary and ficers, and directors, and other
(List meds such as inhalers, Epi-pens and schedule	d medications.)	
My student has the following allergies:		
ÓR	а.	
My student is <u>not</u> permitted to attend this f	field trip.	
(Signature of Parent or Guardian)	(Home Phone)	
(Home Address)	(Work Phone or Cell Phone)	(Emergency Phone)

* No student may attend a class field trip without this permission form signed by a parent/guardian. Permission by parents may not be given over the phone.

Sept. 06