

Student Name: _____ Student ID: _____ Counselor: _____

Executive Intern Student Contract

This completed contract must be submitted to your school counselor if requesting Executive Internship. Until this form is submitted, your course requests for next year will include alternate electives.

Executive Internship Requirements:

- Maintain a **2.0 un-weighted G.P.A.**
- Have transportation arranged **prior to the first day of school.**
- Must be able to document 20 hours work per month, per period of Executive Internship.
- **Have earned or in the process of earning an acceleration credit.**

Executive Internship Policies:

- Students who have not submitted this required paperwork will have Executive Internship removed from their schedule and replaced by an alternate course(s).
- Students complete "WIN" Work Readiness Skills Modules online, for each course (see Schoology).
- Students are not permitted to be on campus during their Executive Intern period(s) – no exceptions.
- Students who assist another student in leaving campus without permission (i.e. skipping) by giving them a ride will have their Executive Internship privileges revoked.
- **11th Grade Students may only take "Executive Internship 1"**
- Students can earn a maximum of 4 credits through Executive Internship.
- **Executive Internship may be revoked by the administration at any time for any reason including, but not limited to skipping, unexcused absences, poor grades, behavior infractions, etc.**

I have read the policies above and agree to follow them. I understand that the Executive Internship course is a privilege and that if I do not abide by the procedures outlined above, my Executive Internship course will be removed from my schedule and replaced by an alternate course(s).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Student Email: _____

Periods Requested (not guaranteed): 1st 2nd 3rd 5th 6th 7th

School Counseling Office Use Only

Student Un-Weighted GPA: _____ Counselor Initials: _____ Date: _____

TRANSPORTATION & INSURANCE RESPONSIBILITY FORM

Student Name: _____

Parent/Legal Guardian Name: _____

This form, when signed by you, will serve as the school's authorization to allow your student to participate in the supervised activity herein described:

On the job training/internship at _____

Parent's Agreement:

As the parent/legal guardian of the above listed student I give my permission for my student to participate in the supervised activity described above with the realization that any absence from the work site/class could affect my student's grade. Further, I agree to release and discharge the internship site, St. Johns County School Board, and it's officers, agents, and employees, exercising reasonable care within their scope of employment from liability growing out of personal injuries and property damage resulting or occurring during the aforementioned activity, or in transit to and from said activity. I assume full responsibility and liability for the transportation of my student from the school to the training site. I am aware that my student will be leaving school according to their Executive Internship work schedule and ensure that my student has the appropriate car and health insurance coverage.

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGMENT CERTIFICATE

STATE OF FLORIDA

COUNTY OF ST JOHNS

On this _____ day of _____, 20_____,

before me, the undersigned notary public, personally appeared _____
Name of Person Acknowledging

proved to me through satisfactory evidence of identification, which was _____
Type of Identification

to be the person whose name is signed on the preceding or attached document and acknowledged to me that he/she signed it voluntarily for its stated purpose.

SEAL

Signature of Notary Public