



STUDENT INTERNSHIP PERMISSION FORM

Dear Parent/Guardian:

Your child has expressed an interest in our Career Internship Program. This program provides an excellent opportunity to gain valuable work and/or clinical experience outside the classroom. Internships take place off-campus at various locations including government offices, cultural institutions, non-profit organizations, and private employers. Some internships may occur during the school day and/or after school, and some are virtual allowing students to work from home.

All students who participate in a school-sponsored student internship program must complete and submit the following page of this permission form, which must also be signed by his/her parent or legal guardian and returned to Ms. Kinsey in the Internship Office (Room 700A) or via email: nkinsey@greatneck.k12.ny.us.

Students must understand the following about working in an internship position:

- In order to maintain good relationships with institutions and employers it is important that students are on time, diligent, reliable and finish what they start.
- Students must communicate regularly with the internship coordinator on a periodic basis to share their experiences and to discuss any problems that might arise.
- Students are responsible for providing their own transportation to and from their internship location, which may include carpooling with a duly licensed student driver. (Junior license or permit holders are NOT permitted to drive other students).
- Student interns shall comply with and be bound by the Great Neck School District's policies, rules and regulations, including its student code of conduct, while participating in school-sponsored internship programs. Students shall also comply with social distancing and mask-wearing requirements at all times.
- Students must meet the following requirements in order to receive internship credit:
 - ✓ Fulfill his/her commitment of a minimum of **40 hours** for a semester's worth of credit. (*Total hours may be accumulated from multiple placements.*)
 - ✓ Complete all five required internship assignments.
 - ✓ Submit a completed supervisor evaluation form and signed timesheets at the end of the semester.
- Students who fail to meet these obligations and requirements may be denied school credit for their internship experience.

If you have any questions or concerns about the program or your child's participation, please feel free to contact Nicole Kinsey at (516) 441-4862 or nkinsey@greatneck.k12.ny.us.

More information can be found online at gnshsinternships.weebly.com.

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Complete and return this page:

STUDENT ACKNOWLEDGMENT

I have read the student internship permission form and agree to abide by all of the terms and conditions stated herein concerning my participation in the Student Internship Program.

Student's Signature _____ Date _____

Student's Name (Print) _____ Guidance Counselor: _____

Student's Email: _____ Cell phone: _____ Grade: _____

PARENTAL CONSENT AND RELEASE

I am the parent or legal guardian of the student identified above. I give permission for my child to participate in the Student Internship Program as described above. I have read the student internship permission form and agree to the terms and conditions stated herein. I understand that many internships take place off-campus, that my child will receive credit for his/her successful participation in the program, and that my child will be responsible for providing his/her own transportation to and from the internship location. (Please note: only those students who carpool will be given priority in parking.)

I hereby release the Great Neck School District and its board of education, officers, employees and agents, from all claims in connection with my child's participation in the Student Internship Program, including any claims for injury, damage or loss that may occur during my child's participation in the internship and/or during transit to or from the internship location.

Parent's/Guardian's Signature _____ Date _____

Parent/Guardian's Name (Print) _____

INTERNSHIP PLACEMENT DETAILS

(If placement details have not been finalized, provide the organization name and the rest can be filled in later.)

Name of Organization: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Supervisor's Email: _____

Schedule

Circle Days: Sundays / Mondays / Tuesdays / Wednesdays / Thursdays / Fridays / Saturdays

Hours: