



Clewiston High School Executive Intern Program

My Work/Executive Intern Consultation/Verification Form

Date: _____

This is to verify that I, (parent) _____, have a full understanding of what Executive Internship entails. I further understand that it is the responsibility of my son/daughter (student) _____ to:

- *Have transportation to work from school at the set time*
- *Communicate with Executive Internship teacher (Tori Roberts) should problems arise*
- *Turn in his/her timesheets and pay stub to Internship teacher within allotted time*

As the parent/guardian of (student) _____, I understand that failure to turn in necessary paperwork ***will have a negative impact of my son/daughter's academic history***, and that it is not Clewiston High School's responsibility to make sure that he/she turns in the necessary paperwork.

As a student, I understand it is my responsibility to turn in the necessary paperwork.

As Employer, I verify that the above mentioned student is working for me during what would normally be Clewiston High School hours and that he/she will be performing Internship duties in order to gain work experience.

Business Name

Manager Email

Manager/Employer SIGNATURE

Student SIGNATURE

Manager Name

Business Phone Number

Parent SIGNATURE

Tori C. Roberts
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<p>FOR OFFICE ONLY: <i>Approved? Y / N</i> <i>Parent Meeting? Y / N</i></p>
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