

\_\_\_\_\_ High School  
**PRE-INTERNSHIP CHECKLIST**

Student Name:	ID #
Term of Internship:	Grade/Grad Year:

**BACKGROUND INFORMATION**

Do you participate in sports/activities?  Yes  No

**Remember, you must pass 4 classes per term to be eligible.**

Activity	Season

Are you on track to graduate?  Yes  No

**INTERNSHIP BASICS**

Is internship **ON**  or **OFF**  the CHS campus?

Where is internship located? \_\_\_\_\_

Which class periods are you requesting your internship to be? (place X next to period) – if internship is after school, do not check boxes:

<b>1st</b>	<b>2nd</b>	<b>3rd</b>	<b>4th</b>	<b>5th</b>
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If it is off campus, do you have transportation?  Yes  No

Supervising Teacher \_\_\_\_\_ Date: \_\_\_\_\_

Principal \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved/Entered By: \_\_\_\_\_ Date: \_\_\_\_\_