

Internship Information

To start the intern elective the following information will need to be completed and handed into the main office by Tuesday 15th December 2020.

Student Name	
Student Cell #	
Business/ Organization name	
Main contact at business (name)	
Main contact phone # at business	
Main contact cell # at business	
Business Address	

Student main parental/ guardian contact #1 (name and cell #)	
Student main parental contact/ guardian #2 (name and cell #)	

Our Savior Christian Academy main office #	816-866-5899
Our Savior Christian Academy office email	school@oursaviouracademy.org
Mr W Pemberton - Principal	pemberton@oursavioracademy.org

Start date of internship	
End date of internship	

	Start time	Finish time
Wednesday		
Friday		
Other days <small>(if applicable)</small>		

Transportation from the school to the business	
Transportation from the business home	

	Yes	No
Is the student covered by the business's insurance in the event of an accident		

Is there any medical information that you believe the business should be made aware of:

Agreed duties:

Student signature:		Date:
--------------------	--	-------

Parent signature:		Date:
-------------------	--	-------

Main contact signature:		Date:
-------------------------	--	-------

Principal signature:		Date:
----------------------	--	-------

For the student to enroll in the Internship elective, all of the above information must be completed and handed into the main office at our Smithville campus. To maintain this privilege the student must be in good standing and the final decision is at the discretion of the Principal. By signing above, you agree for the information to be shared with the relevant parties and a copy will be placed in the student file.