

Internship Information

To start the internship elective the following information will need to be completed and handed into the main office for the attention of Mr. Pemberton.

| | |
|----------------------------------|--|
| 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.