

City High-Middle School Work Based Learning Waiver

I understand that I am doing an internship outside the school day to fulfill the requirement of my internship. This internship will not be recorded on my transcript nor will I earn a grade for this experience.

Student Name: _____ **Date:** _____

Internship Site: _____ **Contact Number:** _____

Contact Name: _____ **Dates Attended:** _____

I agree to the terms of the above agreement:

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Internship Coordinator: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

*** a Reflection Paper (1 page) is due at the end of the experience with the Internship Site's Coordinator's signature**