

Application for SEDALIA FIT 40-Hour Internship Program



Applicants attendance & grades must be in good standing (no D/Fs) with no disciplinary referrals.

Name: _____ Cell Phone #: _____

Grade: _____

Have you taken ACT? _____ If so, score: _____ GPA: _____

Have you had any part time work experience? If so, when & where?

What did you learn about yourself from this work experience?

Career Area(s) of Interest: _____

What do you hope to gain from the internship experience?

What positive characteristics do you feel you would bring to the place of employment you will be interning with?

Interviews will be conducted during school. We prefer not to interrupt core or dual-credit classes.

What school hour would be best for your interview? _____

Those participating will be dismissed from school (up to one week-40 hours) to work with your assigned employer.

_____ Do you understand you are responsible for all school work missed during this time?

_____ Do you have transportation to get to & from an assigned workplace?

_____ Do you have sports practice or a job that will require you to leave the workplace early? If so, what time will you need to leave?

Student Signature _____

Parent Signature (required to participate) _____

Parent Email _____

Please complete the school field trip permission slip on the back side also.

Return application to Mrs. Harvey in Room D017.

2022-23 FIT Internship Schedule	
Forty-hour Internship Tryout available to Juniors & Seniors	
Application Due	Internship Week
October 10	October (varies)
October 28	November (varies)
January 28	February (varies)
February 25	March (varies)
March 25	April (varies)

**SEDALIA SCHOOL DISTRICT #200
FIELD TRIP PERMISSION FORM**

Form 5660

_____ will be participating in a field trip to assigned local business
(Student's Name) (Place)
 on one of above Internship Weeks with Contact Mrs. Harvey w/ questions.
(Date) (Teacher/Team Name)

The students will be dismissed from school entire week, but responsible for missed work.
~~depart from school on that day at _____ and return to the school at approximately _____~~

Transportation to and from the ~~school will be arranged by the school. Appropriate chaperones will be appointed by the school.~~
internship are the students responsibility.

Students (will/will not) need to bring a sack lunch on that day. (varies by location & transportation)

The educational objectives of the field trip are as follows: complete 40-hour internship program to learn about career opportunities.

☐ I request that my child be permitted to participate in the above field trip. I agree to instruct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the field trip. Should it be necessary for my child to have medicine and/or medical treatment while participating in this trip, I hereby give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school district, district employees, officers, and directors, and other participating adults from any liability in connection with this request.

☐ My student has the following medication that may need to be administered during this field trip:

(List meds such as inhalers, Epi-pens and scheduled medications.)

☐ My student has the following allergies: _____

OR

☐ My student is not permitted to attend this field trip.

(Signature of Parent or Guardian)

(Home Phone)

(Home Address)

(Work Phone or Cell Phone)

(Emergency Phone)

* No student may attend a class field trip without this permission form signed by a parent/guardian.

Permission by parents may not be given over the phone.

Sept. 06