



**CHESTERTON HIGH SCHOOL**  
2125 South 11<sup>th</sup> Street • Chesterton, IN 46304 • 219-983-3730  
www.duneland.k12.in.us

Print All Information

Date of Application: \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ GPA \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Which experience are you applying for? \_\_\_\_\_ Internship (min. 2.5 GPA) \_\_\_\_\_ Work Study (min 2.0 GPA)

If presently employed, do you intend to keep this job for your work study experience? \_\_\_Yes \_\_\_No

Employer's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

If not, have you made other arrangements for employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please include your arrangements with name(s) and contact information below:

\_\_\_\_\_

What is your career path/objective? \_\_\_\_\_

In what career area would you like to explore your internship? \_\_\_\_\_

Do you need assistance finding your internship assignment? \_\_\_\_\_ Yes \_\_\_\_\_ No

CHS classes you have completed which support your internship placement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## School Information

What extracurricular activities do you plan to participate in during your senior year? \_\_\_\_\_

\_\_\_\_\_

Are you on track to graduate your senior year? \_\_\_\_\_ Yes \_\_\_\_\_ No

How many internship/work study credits would you like to apply for next year (1-6)? \_\_\_\_\_

What other courses did you select for next year?

1.	5.
2.	6.
3.	7.
4.	8.

Do you have transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Add any other information that you would like to share that that you think would be useful in qualifying you for acceptance into the Internship Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I recognize that acceptance into the Internship Program is a privilege, and I will accept all responsibilities/obligations for this program and take advantage of every opportunity that will improve my skills in both the classroom and on the job. I understand that it is my responsibility to attend meetings organized by the Internship Director, in addition to checking my school email consistently for updates and information. In addition, I understand that it is my responsibility to uphold any employer dress codes and other rules of conduct. Further, if I am terminated or removed from my employment/internship, I understand that this is grounds for removal from the program, and it will be reflected in my grade.***

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

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

Is the completed parent consent form attached? \_\_\_\_\_ Yes \_\_\_\_\_ No



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### **Parent/Guardian Consent Form**

Your son/daughter has applied to the Career Exploration Program offered through Chesterton High School. This document gives permission for your child to participate in the program, realizing that each student must provide his/her own transportation to and from the work site, and that your son/daughter must meet the application requirements to be accepted into the program.

#### **Permission to Participate**

\_\_\_\_\_ may participate in the Career Exploration Program.

\_\_\_\_\_ Yes \_\_\_\_\_ No

#### **Permission to Travel**

As the parent/legal guardian of the above-named student, I hereby consent that he/she may drive a private vehicle to and from the work site. I acknowledge that he/she is licensed to drive under the laws of the State of Indiana and agree to advise the school immediately if his/her driving privileges are suspended, revoked, or have expired without a timely renewal. I understand that automobile insurance is required.

\_\_\_\_\_ Yes \_\_\_\_\_ No

As the parent/legal guardian of the above named student, I hereby consent to allow him/her to ride with another student, if necessary, to the work site.

\_\_\_\_\_ Yes \_\_\_\_\_ No

#### **Photo Release**

I grant permission for my son/daughter to be photographed or videotaped for promotional and educational purposes while participating in this program.

\_\_\_\_\_ Yes \_\_\_\_\_ No

*Parent Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## Medical Authorization and Insurance Information

Should it be necessary for my son/daughter to have medical treatment while participating in this program, I hereby give the school corporation and/or the work site personnel permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Permission is also granted to release emergency contact/medical history to the attending physician or to the work site personnel, if needed.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Health Insurance Company \_\_\_\_\_

Name of Policyholder \_\_\_\_\_

Identification Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Parent's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Family Doctor (\_\_\_\_\_) \_\_\_\_\_ Doctor Phone (\_\_\_\_\_) \_\_\_\_\_

Does your son/daughter require any special accommodations because of medical limitations, disabilities, or other restrictions?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against the Duneland School Corporation and my child's work site or their respective officers, employees, or representatives arising from injury or damages, including attorney fees that may result from my child's participation in the Internship Experience Program.*

*I further agree to indemnify and hold harmless the Duneland School Corporation, its employees, and my child's work site or their respective officers, employees, or representatives from any claims, including attorney fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the Internship Experience Program.*

Parent Signature: \_\_\_\_\_

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