

CHILD CARE/TEACHER INTERNSHIP APPLICATION

Student: _____ Year in School: Jr. Sr.

Check all those that apply:

I have read and understand the course description for this class.

I understand this class is a full year class and that I should not apply unless I am planning on taking the class for the full year.

I am willing to provide my own transportation to and from my on-site placement. (HHS students only!)

I have taken other Family and Consumer Sciences classes which include:

Print: _____

I understand that this is a 2 credit class which requires completion of daily tasks and assignments, a strong attendance record and a positive work ethic.

I have at least a C average.

I understand that I am required to complete or provide the following:

An interview with the instructor

A copy of your immunization records

Test results from your completed 2-step TB test

Complete an authorization of background check as required by DCFS.

Write a paragraph explaining what your goals are for taking the class and how the experience will contribute to your future plans. Attach your paragraph to this application.

APPLICATION IS DUE IN THE COUNSELING OFFICE BY MARCH ??, 2020

Required Signatures:

1. Teacher Recommendation: _____

2. Teacher Recommendation: _____

3. Counselor Recommendation: _____

4. Student Signature: _____

5. Parent Signature: _____

6. Instructor Signature: _____