



Dual Enrollment and Internships Office

Internship Application

Hello Scholar,

Welcome to the Internship Process here at New Orleans Charter Science and Mathematics High School. We are happy about your interest and desire greatly that this experience matures and develops your understanding of life success.

Eligibility Requirements:

- *Complete Internship Interest Form*
- *Complete Student Services Assessment Form*
- *Obtain Academic Guidance Recommendation Form*
- *Have Parental Approval Form completed by Parent*



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Student Services Assessment Form

(to be submitted to the Internships Coordinator directly from Student Services)

Student First and Last Name

Student Classification

Attendance

Does the student have more than 10 unexcused absences during the present Academic Year?

Yes

No

Does the student's tardiness exceed 10+ times during the present Academic Year?

Yes

No

Conduct

Does the student have cell phone/ear pod violations from the present Academic Year?

Yes

No

Does the student have dress code violations from the present Academic Year?

Yes

No

Has the student been mandated to participate in a behavioral intervention plan?

Yes

No

If yes, was the student's success favorable? Explain if necessary.

Student Services Officer (print Name) _____

Student Services Officer Signature _____



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Date _____

Academic Guidance Recommendation Form

Student First and Last Name

Student Classification

What is the student's GPA for the present Academic Year?

*Would you deem this student mature enough to participate in an internship?
Why or Why not? Briefly explain.*

Guidance Counselor (print Name) _____

Guidance Counselor Signature _____



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Date _____

Parental Understanding and Approval Form

Student First and Last Name (please print)

I understand that in order to participate in the Internship Program at New Orleans Charter Science and Mathematics High School, my student must adhere to proper dress, conduct and work ethic.

I understand that my student will not disrupt the work environment by wearing earbuds, ear pods, using their cell phone or any other electronic device for personal purposes during work hours with the exception of a family emergency.

I understand that if any reports of unacceptable behavior are generated by the internship host that my student will be terminated from the internship, their Student Services record will be documented and their stipend is forfeit.

I understand that my student must complete the entire internship, all training, a W-9 and a presentation on the experience to receive payment.

As such, I approve of my student participating in the internship program at New Orleans Charter Science and Mathematics High School.

Parent/Guardian of Student (print first and last name)

Parent/Guardian of Student Signature

Date _____