



REQUIRED FORM

Due March 22, 2019

STUDENT INDEPENDENT EXPERIENCE STUDENT CONTRACT

PLEASE FILL-IN u-U hÖ u- AND SUBMIT TO THE COUNSELING CENTER NO LATER THAN MARCH 22, 2019

Student Name: (PRINT)	PERSONAL Email: _____
Student Cell Phone :	Will you be 18 by May 13 th ? <input type="radio"/> Yes <input type="radio"/> No
*If you will be 18 after May 13th you will need to obtain your working papers/See Ms. Binns	
JJHS High School Advisor:	Email: _____
Internship Info: Company/Organization Name	Address _____
Internship Supervisor Name:	Phone Number: Email:
Brief Description of internship duties: 	

START DATE IS MAY 13, 2019

PROPOSED STUDENT WORK SCHEDULE (25 hours are required/estimates are allowed)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Student Signature:		X			Date:	
Parent Signature:		X			Date:	
School Advisor Signature		X			Date:	
Site Supervisor Signature		X			Date:	

RETURN TO THE COUNSELING CENTER BY MARCH 22, 2019



REQUIRED FORM

DUE MARCH 22, 2019

Transportation Permission and Release/Waiver of Liability

Student will utilize the following modes of transportation to and from their internship
(check all that apply)

Student will drive personal vehicle, use bicycle or walk

Student will take public transportation, specifically

Parent/guardian will transport student

Other, specifically

I hereby give permission for my child to abide by the above transportation for the duration of the Internship

I, on behalf of myself, my personal representatives and all other parties having interest, voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Katonah-Lewisboro Union Free School District, its Board of Education and employees from any and all claims, actions or losses arising from the agreed upon mode of transportation and vehicle utilized by Student in connection with the internship. I understand that the transportation provider is responsible for all transportation services and liability therein. I also understand that I am releasing and waiving any claims or actions that I may have presently or in the future against the Katonah-Lewisboro Union Free School District, its Board of Education and employees arising from the mode of transportation and vehicle utilized by Student in connection with the internship.

I have read the above Permission and Release/Waiver of Liability and Indemnity Agreement and by signing it agree to all the terms stated therein.

PRINT: Parent or Guardian Signature

Date

SIGNATURE: _____

Please return signed form to the Counseling Center

No later than March 22, 2019