



PARENTAL PERMISSION FORM FOR STUDENT INTERNSHIP

We, the undersigned parents of _____, hereinafter referred to as the "student" do grant permission for the student to participate in out-of-school educational activities at: _____

Please check each statement:

___ The student will NOT be accompanied by his teacher but will work under the supervision of _____ employees.

___ Student will represent St Lucie Schools and be responsible for his conduct while at _____.

___ Student will be responsible for prompt transportation to and from _____ at address noted above.

___ The Student Internship will cover a _____ month period from _____ until _____ with a flexible end date dependent upon completion of specific topics and situations at _____ site.

Student Internship begins: _____ at _____
Date Time

Signature of Parent or Guardian: _____ Cell Phone #: _____

Signature of Parent or Guardian: _____ Cell Phone #: _____

NOTARIZATION

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____, by _____ (Notary) .

(Notary Public) Signature: _____

My Commission Expires: _____

(NOTARY SEAL)

Personally Known __OR Produced Identification__ Type of identification produced: _____

(If the permission is signed by persons other than the parents, the signer should identify his or her relationship with the student.)