



CCS Internship Proposal Form

Submit completed proposal to Mrs. Day by February 5, 2021

Student's Name: _____ Grade: _____

Name of Proposed Company: _____

Internship Supervisor's Name: _____

Company Address: _____

Work Phone: _____ Supervisor's Email: _____

Agreed upon dates and hours: _____

Description of the work student will perform:

Description of the work student will observe:

Approval Signatures

"I understand the purpose and standards for the Carroll Christian Schools High School Internship Program and hours and description of the proposed work for the student named above and agree to help the student fulfill these goals."

Internship Supervisor's Signature: _____ Date: _____

"I understand the Carroll Christian Schools High School Internship Program, including the hours and description of the proposed work for my child named above. I agree to help my child fulfill these goals and my signature gives my consent and approval for his/her participation."

Parent's Signature: _____ Date: _____

Principal's Signature of Internship Approval: _____ Date: _____