



Phoenixville Area High School Career Study Intent to Participate Form

Student Name (First and Last)

Homeroom

Check to indicate your understanding:

- Yes. I have completed the survey. Click [here](#) for survey.
- Yes. I understand that all career study information can be found on the website.
- Yes. I understand that I will be taking final exams May 7th through May 11th (This is during AP Exam Administration.)
- Yes. I have read the Career Study guidelines, reviewed the timeline and understand that failure to comply with these regulations may eliminate me from the Career Study Program.

Student Signature/date

Parent Signature/date

Date Received: