

PAHS Career Study Student Application

This page is to be completed by the student.

Student Name: _____

Student Email: _____

Location of Career Study: _____

Student Signature and Today's Date: _____

Please briefly describe your proposed Career Study experience.

List 3 goals that you wish to accomplish during this experience.

1.

2.

3.

FOR OFFICE USE ONLY

Date Received: _____

Discipline Concerns: YES NO

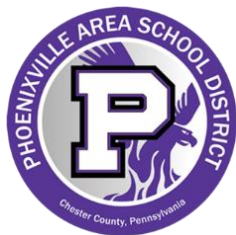
Faculty Advisor: _____

Final Approval: YES NO

of Days absent: _____

Approved by: _____

On track to graduate: YES NO



PAHS Career Study Student Application

Parent Permission/Release for Participation

This page is to be completed by the student's parent/guardian and must be signed in person in front of an official PAHS administrator, PAHS office staff member or notarized.

The undersigned being the parent(s) or guardian(s) of _____
(student's name), hereby authorize the mentioned student to attend and participate in the Phoenixville Area High School Career Study Program from May 14- June 1, 2018.

It is hereby understood and agreed that transportation for the mentioned student to and from the location of the Career Study placement is the responsibility of the student and the parent/guardian. The undersigned acknowledges that there is insurance coverage for the mentioned student while traveling to and from the location of the Career Study Program and that the amount of this coverage is satisfactory to the undersigned.

In consideration of the training and experience, which the mentioned student will receive through this program, the undersigned agree to release and to indemnify, defend, and hold harmless, including reasonable attorney's fees, the Phoenixville Area School District and its employees, representatives, independent contractors and the employer or site supervisor and their employees, agents, and representatives from any claims or liability of any kind arising out of this program including, without limitation, injuries to the mentioned student or their parties as a result of action or inaction of the mentioned student.

Intending to be legally bound hereby, the undersigned execute this permission and release to participate on the date indicated below.

Parent/Guardian Signature

Date

School Witness/Notary Signature

Date