

# NEWBURYPORT HIGH SCHOOL

## School to Career Program

### Permission Form

*Cheryl Zaino, School to Work Counselor*

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**To:** Parents/Guardians of School to Career Students

The School to Career Program at Newburyport High School is designed for students to gain first-hand knowledge of career paths of interest to them by allowing them to participate in an internship or work study program where they can see the relevance of their education as it is directly applied to real tasks at a work site. Students participating in this program will be granted “release” time in order to attend their jobs as scheduled by their employer. The program is an integral part of the curriculum, which unites classroom instruction with supervised part-time (paid and unpaid) internships or employment. Admission to the program is granted only to those students who are able to meet both graduation and program requirements.

Students participating in the Program must complete the program of studies assigned to them in addition to meeting all requirements outlined by their employer. Academic failure or failure to perform all tasks or comply with the rules and regulations of their employer may lead to removal from the program. Students are subject to all rules and regulations by which all full-time students must abide. Internship students absent from school due to illness or suspension are not expected to work on those days unless permission from the coordinator or school principal is obtained.

Students participating in this program will be granted permission to leave school during their internship period. It is fully understood that transportation to and from the internship site is the student’s sole responsibility and if a problem should arise, then they must contact the coordinator and the employer.

Students participating in the School to Career Program are representing not only themselves but also Newburyport High School. They are expected to act appropriately and to perform their jobs to the best of their ability in a manner that would reflect favorably on their school.

I hereby give consent for \_\_\_\_\_ to take part in the School to Career Program and release the school from responsibility for accidents in the work study phase of the program. I shall also support both the school and the employer in making certain that my daughter/son abides by all program rules.

The School to Career Counselor might contact you in order to answer any questions you may have about this program and to ensure that the school has your approval to allow your son/daughter to leave school early. If you need to contact me my email address is: [czaino@newburyport.k12.ma.us](mailto:czaino@newburyport.k12.ma.us).

In order to facilitate communication between the school to career counselor, the parent and the student, please include a day or evening contact number: \_\_\_\_\_ Or an e-mail address: \_\_\_\_\_.

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Student Name – Printed

Date

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Student Signature

Date

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Parent/Guardian

Date