

GRANITE SCHOOL DISTRICT WORK BASED LEARNING

Activity Authorization Form

Student Internship Experience

Student Name _____ **Student #** _____ **Date:** _____

Activity Description Internship Experience
Location: Company Name:
Address:
Phone #:

Date of Activity _____ **Time Period** _____

Transportation: Transportation to and from the activity is the parent's responsibility. Granite District:
School District:

Has no transportation option available.

Parent/Guardian Authorization

I authorize my child to participate in the activity identified above. I recognize that I have full responsibility for my child during the time he/she is off a public school site and for the transportation to and from the activity.

Name of Parent or Guardian (Print)

Parent Address

Signature of Parent or Guardian

Date

Emergency Phone Number