

2020 Student Application



Name: _____ Student ID: _____

School: _____ Grade: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Email: _____

Emergency Contact/Number: (If parent cannot be reached) _____

List hobbies/interests, favorite school subjects and office/computer skills: _____

If you need assistance or special accommodations, (i.e., interpreter for hearing impaired) please describe here:

What are you expected outcomes of the Vitallink internship? What would you like to gain from the

Vitallink Internship? _____

Parent's Permission, Release and Indemnity for Internships

I hereby certify that my son/daughter (circle one), _____, has my permission to participate in the Vital Link Internship program for the Birdville Independent School District, in partnership with The Northeast Tarrant Chamber. I understand I am responsible for arranging transportation for my student both to and from the workplace from June 1-4, 2020.

To the best of my knowledge he/she is physically fit to engage in such activity.

I agree and do hereby waive and release all claims against the Birdville Independent School District and any teacher, employee, business employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury that may be suffered or any loss of property that may occur to my son/daughter.

It is understood that no child will be allowed to participate in this activity until this form is signed by his/her parent or guardian and an Orientation meeting is attended by the student and a parent or guardian.

Signed this _____ day of _____ 2020.
number month

Parent/Guardian Signature

Address City Zip

Questions? Call 817-547-5431

**Submit to your counselor
by April 17, 2020**