Form 1:

Executive Internship (Co-Op) 2025-2026

Juniors and Seniors Only

DEADLINE FOR SUBMISSION: May 23, 2025

Checklist:

____ Form 1: Registration Form

____ Form 2: *Notarized* permission to arrive/leave campus

____ Form 3: Executive Internship Contract

Form 1:

Name:______ Student ID #: ______

Executive Internship: Requirements dictate that you must either be a paid employee of a licensed business or a volunteer at a registered non-profit organization. You are responsible for signing in/out daily and turning in monthly supervisor evaluation forms (provided by TCHS) and proof- of-hours-worked verifications (provided by your employer).

I would like to enroll in this course for: (students cannot take more than 4 periods total in high school):

_____Morning ______Afternoon _____No Preference _____Combination AM/PM

_____1 period / day ______2 periods/ day ______3 periods/ day ______4 periods/day

Course Requirements

- Turn in your monthly paystub showing evidence of 5 hours of work **<u>per period</u>** of Co-Op per week.
- Turn in your monthly supervisor evaluation form
- You are not allowed to stay on campus during your Co-Op period
- Parking privileges must be intact

If you fail to meet course requirements:

- Failure to submit paystubs will result in a summative zero.
- If you fail the first semester of the course you will be placed in an alternate course second semester. **Modified schedule will not be an option.**

Student Signature

Parent/ Guardian Signature

Form 2	Executive Internship (Co-Op)			
Permission to Arrive or Leave Campus				
I,, parent/guardian of				
grant permission to arrive or leav transportation or alternative mea	e the Tocoi Creek High School Campus daily, in their own ans listed below.			
Own Transportation:				
TCHS Parking Permit Decal #:	Model:			
Vehicle Tag:	Year:			
Make:	Color:			
Alternative Means of Transportation (check one)				
Walking				
Parent Pickup				
Other				
To be signed by parent in front o	f a Notary			
Signature of Parent /Guardian	Date			
State of Florida				
County of				
The foregoing instrument acknowledged before me on this day of				
	, by			
Personally known to me or produced the following identification:				
Signature- Notary Public	Print Public Name			
Notary Stamp				

Form 3	Execut	ive Internship (Co-Op) Co	ntract
Student Name:			
Job Title:			
Name of Company/ School:			
Address:			
Phone:	Contac	t Person:	
******	********	******	******
I intend to supervise,			in the position of
	for	days per week,	hours per day

Employer Responsibilities: The employer agrees to place the trainee in the work specified above for the purpose of providing occupational experience of instructional value. The work will be performed under safe and hazard-free conditions. The trainee will receive the same considerations given to other employees with regards to safety, health, social security, general work conditions, and other policies and procedures of the firm. The employer will adhere to all State and Federal Regulations regarding employment, Child Labor Laws, and minimum wage. The employer will not discriminate in employment policies, educational programs, or activities for reasons of race, sex, color, religion, national origin, marital status, age, or handicap.

Parent / Guardian Responsibilities: The parent or guardian agrees that the trainee may participate in Executive Internship course as provided by Tocoi Creek High School.

Student Responsibilities: The trainee agrees to follow rules and guidelines established by the school, employer, and coordinator regarding hours of work, school attendance, and procedures. When absent from school without a valid excuse, the student should not be permitted to work. The student also agrees to scan in/out daily and submit supervisor evaluation sheets along with copies of paystubs or timesheets monthly showing evidence of **5 hours of work per period of Co-Op per week**. Failure to do so may result in removal from the course.

Employer Signature

Parent/Guardian Signature

Student Signature