



Period _____ Semester _____

Lehi High School Work-Based Learning

180 North 500 East - Lehi, Utah 84043

Phone (801) 610-8805 (ext. 215)

Career Interest:					
Last Name:			First Name:		ID #:
Gender:	Age:	Birth Date:	Grade:	Home Phone:	
Address:			City:	State:	Zip Code:
Parent/Guardian:			Employer:		Work Phone:
Parent/Guardian:			Employer:		Work Phone:

Are you currently employed? _____ If yes, where? _____ # hrs/week _____
 Extra-curricular activities? _____
 Days absent from school last term _____ # of F Grades _____ GPA: _____
 Do you need this credit for graduation? _____ Preferred Class Period _____

**** Do you have any medical or physical limitation which needs to be considered in your placement** _____

What are your educational goals? _____
 What are your career goals? _____
 Where specifically would you like to intern? 1. _____ 2. _____
 3. _____
 Do you have any personal contacts in this field that may be helpful? Name: _____
 Contact Person _____ Phone Number _____
 Any related classes you have taken _____

If I am selected for this program, I will take full advantage of every opportunity to improve my skills in both the classroom and in the workplace. I understand that I will represent my school and that I must abide by the expectations of the program as well as those of my sponsoring business.

Student signature: _____

I am willing to support my student if he/she is selected for this program. I understand that transportation to and from the work site is the parent's responsibility.

Parent/Guardian signature _____ Date: _____

APPLICATIONS NEED TO BE RETURNED TO MRS. JUDSON IN THE TOWER, ROOM 351