



PYLUSD VAL TECH INTERNSHIP INTEREST VERIFICATION FORM

To be completed by the student and parent

DUE MARCH 1

Student Name _____ Grade _____
(PLEASE PRINT)

This form is to verify the above named student is interested in participating in the Val Tech internship program. **Each student must submit an updated resume along with this form.**

We understand that one hundred-fifty (150) hours of a technology-related internship is a Val Tech graduation requirement and must be completed prior to the specified deadline. We understand **our student will provide his/her own transportation while completing this service.** In the event of an injury while performing the internship program/work experience, we hereby waive, release, and hold harmless the PYLUSD and its personnel from any liability. Internship documents that have been falsified in any way will result in school suspension and may also include the loss of Val Tech graduation privilege or school transfer.

This Val Tech class helped prepare me for my internship: _____

I plan to complete my Val Tech Internship at: _____

Student signature _____

Parent/guardian signature _____

Telephone _____ Date _____

Parent's valid email address: _____

OR, My son/daughter is **not interested in doing an internship**, and I understand that in doing so he/she is **forfeiting a Val Tech diploma.**

Parent/guardian signature _____

Note: Changes can **only** be made with the permission of the Val Tech Coordinator or the Valencia Academy Director.