Palos Verdes High School Work Experience/Internship Program Student Information Sheet

Name			Date		
			Period scl	neduled for	
Address			Work Experience		
City			Days & He	_ Days & Hours Employed	
,			Per week		
Home Phone			Mon	MonTues	
Parent's or				Thurs	
Guardian's Name					
Parent'	s Business Phone				
	Sc	chool Schedule			
Counselor			Grade Level		
	fill in your current class s				
Period	Class		Teacher	Room	
0					
1					
2					
3					
4					
5					
6					
7					
	<u>Jc</u>	b Information			
Name of Firm		City		Zip	
Addres	ss				
		Communi	ty Partner/		
TelephoneStudent Duties		-	(please print)		