



# Sacramento New Technology Early College High School

1400 Dickson Street, Sacramento, California 95822

Office: (916) 395-5254

www.newtech.scusd.edu

## SNTECHS Internship Contract

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

SNTHS Advisor: \_\_\_\_\_ Class Status:  Fresh  Soph  Jr  Sr

Internship Supervisor: \_\_\_\_\_

### Internship Supervisor Contact Information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Internship Site: \_\_\_\_\_

Internship Site Address: \_\_\_\_\_  
Street City State Zip Code

Anticipated duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internship Start Date: \_\_\_\_\_

Estimated number of internship hours per week: \_\_\_\_\_

**Student** – *By signing I agree to do my best for the internship site employing me and behave in a professional manner that will reflect well on the employer, Sacramento New Technology High School and me. I agree to discuss any work-related problems or concerns with the Internship Coordinator. I understand that my grade for the Internship is dependent upon my satisfactorily fulfilling the terms of the contract and upon my supervisor's evaluation of my work.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian** – *By signing I approve my child's internship and will support my child in successfully completing his/her internship.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Turn in a photo of this completed, signed contract here:**

