



# TOOLS

## Apprenticeship Application

1. List the names of high school teachers we may contact for references:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

### Transportation

2. What means of transportation will you use to get to and from your apprenticeship?

Personal Vehicle \_\_\_\_\_ Parent's \_\_\_\_\_ Parent's Car \_\_\_\_\_ Other (explain) \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

What is the best time to contact you at home?

Day: \_\_\_\_\_ or Evening: \_\_\_\_\_ & Time: \_\_\_\_\_

*I approve of the above transportation plan that will enable my son/daughter to participate in the internship program.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_