

Vocation Experience & Training (VET) Proposal

(Submit completed proposal to the upper school office by **Monday, December 4, 2023**)

(PLEASE PRINT)

Student Name: _____

Name of Proposed Company: _____

Address: _____

Phone : _____

Internship Supervisor's Name: _____

Agreed upon dates: _____

Agreed upon hours: _____

Description of the work student will perform:

Description of the work student will observe:

Approval Signatures

“I understand the purpose and standards for the Covenant Life High School VET Program and the hours and description of the proposed work for the student named above and agree to help the student fulfill these goals.”

Attire / Dress code for student: _____

VET Supervisor's Signature: _____

Covenant Life High School VET Program and the hours and description of the proposed work for my child named above and agree to help him or her fulfill these goals. My signature identifies my consent and approval for his or her participation.”

Parent Signature: _____

My signature identifies my agreement to shadow a company and to work in a professional manner for the above-mentioned company during the days and hours agreed upon.

Student Signature: _____

DATE RECEIVED AT CLS _____