



Student Information Sheet

**STUDENT INFORMATION**

Name:

Date of Birth: / \_/

Last 4 Digits of S.S.#:

Grade:

Career Pathway:\_

Counselor:

School: \_ \_Occupational Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Year:

Email Address:

Home Phone #:

Cell Phone #:

Parent/Guardian Name:

Home Address:

Parent/Guardian Phone #:

**EMPLOYER INFORMATION**

Name of Business:

Supervisor:

Mentor:

Business Address:

Phone #

 Fax #:

Email Address:

Student’s Job Title:

Pay Period (circle one): weekly bi-weekly monthly

Start Date:\_ Hourly Rate:

 Placement: INTERN COOP ESD YAP

 Course #:

 Periods Released: 1 2 3 4 5 6 7