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**Early College STEM Schools (ECSS) 2015 Work-Based Learning Program**

**Parent/Guardian Consent Form**

**Any student applicant who is under the age of 18 on the date of application must complete and return this signed and dated Parent/Guardian Consent Form. An application is incomplete until this form is received. \*\*Only students who are 18 or older may sign their own name for the Parent/Guardian Signature.­­­­­­­­­**

Dear Parent or Guardian,

Your student wishes to apply to the **Early College STEM Schools (ECSS) Summer Internship Program** through the Chicago Public Schools ECSS Work-Based Learning program. The application process for a Summer Internship requires that he/she complete four steps**:**

STEP 1 – Complete an ECSS Summer Internship Program application form,

STEP 2 – Create an electronic portfolio in school of their work for evaluation purposes,

STEP 3 – Obtain a completed IT Teacher Assessment Form from their IT Teacher or other teacher familiar with their work readiness and information technology skills.

STEP 4 – Submit this signed Consent form with their application.

By signing this Parent / Guardian Consent Form, you agree to:

1. Allow your student to participate in the ECSS Work-Based Learning Program,
2. Allow your student to apply for an Internship placement through the Program
3. Permit the information provided by this applicant on his/her program application and other student records pertinent to the ECSS Work –Based Learning Program to be shared with other entities for purposes of administering programs, research, and providing referrals to possible employers
4. Allow him/her to be photographed and/or videotaped and their pictures and experiences to be used in fliers, on web sites, in press releases and other forms of media in support of our program

By signing this Parent / Guardian Consent Form, you also confirm your understanding that:

1. A number of factors including, but not limited to, the number of internships available, employer needs, your student’s skill set, the employer’s perception of your students “fit” with an available internship and your student’s own interests will have an impact on whether or not your student will receive an internship offer. Due to those factors, your student, even if found to be qualified to be an intern, may not receive an internship opportunity this year,
2. If your student is selected by an employer for an internship placement, it will require that he or she work at an internship worksite during regular business hours set by the intern employer and attend professional development workshops during the summer.
3. My student’s Internship opportunity may be terminated at any time if s/he is unable to abide by Program or Employer policies or demonstration of inadequate performance at the job site.
4. The ECSS Work-Based Learning Program promotes self-sufficiency therefore, primary communication must be held between my student and his / her school ECSS Program Manager. If I have any issue or concern regarding the internship, I understand that my concerns must be directed to my student’s ECSS Program Manager instead of directly with the employer. I understand the ECSS Program team will work with the employer to address my concerns.
5. If you student is selected to be an intern, the Internship Employer may require evidence of the student’s eligibility to work in the United States such as a Social Security Card, Birth Certificate, Passport or other documents requested by the employer according to its own policies.

**I certify that I am this applicant’s parent or legal guardian and give him/her permission to participate in the aforementioned activities.**

**I authorize, pursuant to applicable laws, the ECSS Work-Based Learning Program to obtain, access, share, store, and utilize the educational records of this applicant participating in the ECSS Work-Based Learning Program for authorized Program purposes and permit the sharing of applicant information with external parties including internship application evaluators, authorized mentors and potential internship employers. I understand that I have the right to inspect this information and to request appropriate corrections through the administering agency.**

**I certify that the information filled out on this Consent Form and the Student Internship Application Form is correct to the best of my knowledge and agree to abide with the policies set by the internship employer and the ECSS Work-Based Learning Program.**

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| Applicant Printed Name | Applicant Signature  | Date |
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| Parent/Guardian Printed Name | Parent/Guardian Signature  | Date |

\* Items are NOT allowed unless specified by Host Company as appropriate.