



FOUNTAIN HILLS
UNIFIED SCHOOL DISTRICT

16000 E. Palisades Blvd.
Fountain Hills, AZ 85268
480-664-5000 [PHONE](tel:480-664-5000)
480-664-5099 [FAX](tel:480-664-5099)
FountainHillsSchools.org

Student Name: _____

School ID: _____

I give my child permission to participate in the Senior Internship Program.

I have discussed the internship program with my child and I am aware of all program requirements. I understand that Fountain Hills Unified School District will not provide transportation to the internship site and that it is the student's responsibility to coordinate transportation. I am aware that successful completion of the internship program is a graduation requirement for all seniors.

I am aware that my child will be required to complete an internship with an organization unaffiliated with Fountain Hills High school or the Fountain Hills Unified School District.

By signing this form, I acknowledge and give permission to my child to participate in the Senior Internship Program and do hereby forever release, discharge, forgive and hold harmless Fountain Hills High School and Fountain Hills Unified School District, its employees, its directors, its representatives, its agents, its insurers, its affiliated organizations from any and all claims suits, actions, causes of action, damages, demands or liabilities, including known or unknown claims, now existing or hereafter arising, in law, equity or otherwise, that might directly or indirectly result from participation in this program.

If you have any questions, please contact Barrie Pinto, Principal and Internship Coordinator at bpinto@fhacademics.org.

Parent Name (please print) _____

Date _____

Parent Email _____

Parent Signature _____