## ANDERSON VALLEY EDUCATION FOUNDATION P.O. Box 242 Boonville, Ca. 95415

## Internship Parent Permission Form v3

(for students under 18 years old)

| I am aware that my son/daughter   |  |
|---|--|
| •   | name                                     |
| has accepted an internship position withn   | name of internship                       |
| I am aware that if I have any questions about the inter 895-2344 to have my questions answered. | rnship program I can call Gail Gester at |
| Signed_   |  |
| Parent/guardian signature   | date                                     |
| Name and Address of parent/guardianplease pr  | rint                                     |
| address – include city  |  |

Please return this form to School Librarian to receive your journal. Then you can begin organizing a work schedule with your sponsor.