



Engaging today's students for tomorrow's workplace.

Summer 2019 Career Based Learning Internships

How an Internship adds value to your education

- Experience, Experience, Experience
- Resume and portfolio building
- Increases your network of professionals
- A letter of recommendation and AASD credit is an outcome
- Student logs 40 hours of Marketing Experience for each internship
- Non-traditional learning allows for flexibility and self expression

Appleton Downtown Inc. Summer Internship

Course: Appleton Downtown Inc. Student Marketing Team Internship

Prerequisites: Completion of Summer School Registration form

June 17th – July 31st/not meeting the week of July 1st

Dates and Times:

Monday, Tuesday, Wednesday,

Office Hours: June/3:30 to 5:00pm July/10:00am to Noon

Location of Office: 120 North Morrison/Level 1 -SMT Office



Mile of Music Summer Internship

Course: Mile of Music Summer Internship/ Willems Student Marketing Team Internship

Prerequisites: Completion of Summer School Registration form

July 15th-August 5th

Dates and Times:

Monday, Tuesday, Wednesday,

Office Hours: July/10:00am to Noon

Location of Office: 120 North Morrison/Level 1 -SMT Office

- Hours required for internship will vary depending on tasks assigned
- Interns must be available to work 25 hours during the festival
- **Festival hours will be scheduled July 30 to August 4th**



Interested?

- Fill out a summer school registration form, have your guidance counselor sign the form and give/send your form to Cyndi Pavelski at Appleton North High School.
- Ms. Pavelski will follow up with student information prior to the start of the internship summer school experience.
- If you have questions please email pavelskicynthi@asds.k12.wi.us

Fox Valley Consortium

Summer School Registration Form

(Must Be Completed And Authorized At Home School)

Last Name (print legibly in black ink)

First Name

Home School District

School Presently Attending

School Attending Next Fall

Grade Next Fall

Home Address (Street, City, Zip)

Phone

Birthdate: _____
 Month Day Year

Counselor's/Principal's Signature

Is the student currently Open Enrolled in a district other than his/her home school district?

If yes, indicate district student is open enrolled: _____

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Course #	Course Name	Course Location	Dates	Credit	*Cost
	<i>Mile Of Music Summer Internship</i>	<i>Willems Student Marketing Office 120 North Morrison Street/1st level</i>	July 15th-August 5th Times: July/Mon-Wed 10am to noon July 30th to August 4th intern must be available to work festival 25 hours	<i>.5 credit</i>	<i>None</i>
	<i>ADI Summer Internship</i>	<i>Willems Student Marketing Office/120 North Morrison Street/1st level</i>	June 17th – July 31st/not meeting the week of July 1st Times: Monday, Tuesday Wednesday June/3:30 to 5:00pm July/10:00 to Noon	<i>.5 credit</i>	<i>None</i>

* Any materials charge must be paid the **first** day of class. Each student should arrive at class with the **exact** amount necessary.

NOTE TO PARENTS:

Please fill out completely. Also, unless notified otherwise, please assume that your child has been accepted for the course and section for which he/she applied.

To Enroll: This form must be returned to the counselor's or principal's office at the **school where you presently attend.**

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EMERGENCY INFORMATION

Parent/Guardian Name _____
Phone # _____ Work # _____
Cell # _____

Parent/Guardian Name _____
Phone # _____ Work # _____
Cell # _____

If parent/guardian cannot be reached by phone, please contact:

1. Name _____ Relationship _____
_____ Phone Number(s) _____

2. Name _____ Relationship _____
_____ Phone Number(s) _____

Does this student have an IEP, Building Intervention Plan, or 504 Plan? ____ Yes ____ No (If yes, please explain): _____

According to WI Dept of Public Instruction, summer school classes are not tailored to implement a student's IEP.

Special Health Concerns/Medical Diagnoses:

Will your child have medications at summer school? Yes _____ No _____

If so, please provide the name of the medication(s): _____

Reason for Medication(s) _____

Time(s) medication is administered: Routine/Daily _____ As Needed _____

Emergency _____

(Please bring any medications to the site coordinator on the first day of summer school.)

I understand and agree with all summer school policies and procedures:

_____ Date: _____

Parent's Signature

Mile of Music/ADI Summer Internship Student Intern Contact Form

Please print clearly

First Name: _____

Last Name: _____

Email that student intern plans to check daily:

_____ @ _____

Your Cell Phone Number: _____

Emergency Contact Number: _____

Name of emergency contact: _____

Student AASD ID Number _____

T-shirt Size _____ Adult sizes only

Please follow Mile of Music, Willems Student Marketing Team and ADI on social media.