

**EDUCATION TO CAREERS AND PROFESSIONS PROGRAM  
CHAMPAIGN COMMUNITY UNIT #4 SCHOOL DISTRICT**

**ECP PROJECT-BASED INTERNSHIP CLASS**

**ECP CAREER INTERNSHIP STUDENT REQUEST FORM**

I \_\_\_\_\_ request permission to participate in an ECP learning  
(Student's Name)  
activity that will take place outside of my high school on \_\_\_\_\_  
(day)  
the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_. I will be meeting with  
(date) (month) (year)

\_\_\_\_\_ at \_\_\_\_\_  
(Professional) (Location)

from \_\_\_\_\_ to \_\_\_\_\_ which means I will need permission from the following  
(time) (time)

teachers: \_\_\_\_\_  
(hour) & (subject) (Teacher signature)  
\_\_\_\_\_  
(hour) & (subject) (Teacher signature)

\* (If needed, please put additional classes and teacher signatures on the back of this form.) \*

I will also need to get permission from my ECP Teacher and/or the Principal:

\_\_\_\_\_ and/or \_\_\_\_\_  
(ECP Teacher signature) (Principal signature)

Finally, I will need permission from my parent/guardian:

I am aware that my son or daughter will be missing the above listed classes in order to participate in an ECP learning activity on the day and time stated above. I also understand that my son or daughter will be responsible for his or her own transportation in getting to and from the activity site. By signing this form I hereby release Centennial or Central High School from any responsibility involved in traveling to and from the activity site. All school work that is missed by your son or daughter while he or she is involved with the above-mentioned ECP activity must be made up in a timely fashion.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Phone Numbers (during school hours)

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_