

NEW SHOREHAM SCHOOL DISTRICT  
BLOCK ISLAND SCHOOL  
COOPERATIVE WORK STUDY/INTERNSHIP PROGRAM

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Counselor \_\_\_\_\_

Year of Graduation \_\_\_\_\_

I hereby apply for enrollment in the Cooperative Work Study/Internship Program at Block Island School. If accepted, I agree to adhere to all program regulations. I also understand that if dismissed from the program I will be required to enter a semester course for credit, or audit a course if none other is available.

Signature of Student \_\_\_\_\_

Signature of Parent\* \_\_\_\_\_

Signature of Coordinator \_\_\_\_\_

Signature of Employer \_\_\_\_\_

\*If you have any questions about this program, please do not hesitate to call Block Island School at 466-5600.