

Intern Emergency Contact Information Sheet

Student Information:

Student's Name: _____
School: _____
Student's Phone: _____
Student's Email: _____
Parent's Name: _____
Parent's Phone: _____
Parent's Email: _____
Other Contact: _____ Phone: _____

Student Internship Schedule:

Monday: _____:_____AM/PM to _____:_____AM/PM
Tuesday: _____:_____AM/PM to _____:_____AM/PM
Wednesday: _____:_____AM/PM to _____:_____AM/PM
Thursday: _____:_____AM/PM to _____:_____AM/PM
Friday: _____:_____AM/PM to _____:_____AM/PM
Saturday: _____:_____AM/PM to _____:_____AM/PM

District Contact:

Internship Coordinator: Ms. Nicole Alvarez
Phone/Fax: 305-995-1630
Emails: Internships@dadeschools.net

** As a courtesy to your internship provider please fill out this page and give them a copy.