

Camas School District
26900 SE 15th St - Camas, WA 98607 - (360) 833-5750 - Fax (360)833-5751
Senior Research Projects
Student Enrollment Form

Student's Name: _____ Birth Date: _____

Mailing Address: _____

City _____ ZIP: _____ Phone: _____

Grade Level: ___10 ___11 ___12 Home High School _____

Area of Interest: _____

Sample Organization(s): _____

REFERENCES

Classes **previously** completed or that you are **currently** taking that relate to this WBL Experience.

Class _____ Class _____

Class _____ Class _____

Pathway: _____

Staff Reference: _____ Contact Info: _____

Other Reference: _____ Contact Info: _____

Approximate numbers of hours you plan to intern per week: _____ Total hours: _____

CAREER PLAN

(What is your "High School and Beyond Plan"?): _____

TRANSPORTATION

___ *Student Transportation Consent Form Attached.* Transportation is NOT provided by school district.

IN CASE OF A MEDICAL EMERGENCY

___ *Student Medical/Insurance/Consent to Treat Form Attached.* .

I have read the information on this form.

I approve my student's participation in the learning program.

I agree to provide necessary transportation and authorize any emergency medical treatment.

I understand that my student is participating in this learning program for credit.

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____