



School Schedule Verification Form

This form must be filled out by the guidance counselor or school administrator of the interested student. The purpose of this form is to verify that the interested student qualifies to work 2 -3 hours/day for up to 5 days/week.

Please submit a copy of the student's transcript with this form. All completed forms should be faxed to (202) 698-5813 or emailed to youthjobs@dc.gov by no later than *Friday, January 24, 2014*. In-person submission of documents will only be accepted on *Friday, January 24, 2014 from 1:00 pm to 11:59 pm.*

Student Information

Name _____
Last First Middle Initial

Name of School _____

Grade _____ GPA _____ Last 4 Digits of Social Security Number _____

Number of Community Service Hours Completed _____

Total Number of Community Service Hours to be Completed for Graduation _____

Is this student on track to graduate on time? _____ yes _____ no

Is this student eligible to use this internship for credit? _____ yes _____ no

Counselor Information

Name _____

Name of School _____

Title _____

Email Address _____

Phone Number _____

Comments (if applicable)