



***Corporate Internship Program:
2018-19 Alternative Transportation Form***

Student Name: _____

Class (circle one): Freshman Sophomore Junior Senior

Job Placement: _____

Please check the option(s) below that pertains to you and return this form to the Corporate Internship Department

_____ **AM Transportation:** I have permission to go straight *from HOME to WORK* on my workdays when necessary. When I go straight to work, I must call the CIP at 443.831.0999 from a work landline by 9 a.m. upon arrival.
(**NOTE:** This option is NOT available for Sophomores due to Monday morning assemblies.)

_____ **PM Transportation:** I have permission to go straight *HOME from WORK* on my workdays when necessary. I will leave work *no earlier than 4 pm* when I have transportation other than the CRJ transportation.

Student's
Signature _____ Date _____

Signature of
Parent/Guardian _____ Date _____

Printed Name of
Parent/Guardian _____ Date _____

Phone Number for Parent/Guardian _____