

STUDENT TEACHER, PRACTICUM, OBSERVATION, OR INTERNSHIP PLACEMENT REQUEST FORM

To be completed by student teacher, practicum or observation student, or internship student and submitted through the education

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NORFOLK PUBLIC SCHOOLS
VOLUNTEER ACKNOWLEDGMENT FORM
FOR FIELD EXPERIENCE PLACEMENT

Please Print

Name: _____

Address: _____

Phone:

Cellular Phone:

College or University: _

Beginning Date: _____ Ending Date: _____

Through the execution of this document, I do hereby acknowledge that my field experience placement with Norfolk Public Schools is voluntary and does not make me an employee of Norfolk Public Schools. I also acknowledge that I will not, under any circumstances, be eligible for Workers' Compensation benefits in the event I am injured out of my teaching experience.

I am currently enrolled in a private health/accident insurance plan yes no

Name of Plan: _____

Name of Subscriber: _____

Subscriber's Address: _

Enrollment No: _____

It is my understanding that where other accident insurance is not