

POTTSTOWN SCHOOL DISTRICT

Preparing for Employment

Employment/Career Exploration

SENIOR HIGH SCHOOL
Mr. Richard Weidner • Career Coach • Career Development Center
750 N. Washington Street • Pottstown, PA 19464 • www.pottstownschools.com
(610) 970-6715 • FAX (610) 970-1363 • rweidner@mciu.org

CAREER CENTER STUDENT REGISTRATION FORM

Student Name	
Grade	
Date	
Homeroom Teacher	
Contact Person	
Grade Average	
Welcome to the Pottstown High School Career Center.	Please check your top 3 Career Choices below:
Advanced Materials and Diversified	Information and Communication
Manufacturing (welders, machinists, Electrical engineers tool and die, etc)	Services (computers, networks, editors, writers, publishing, etc)
Agriculture and Food Production	which's, publishing, etc)
(cashiers, stock clerks, food prep,	Life Sciences / Medical Health
machine workers, farming, etc)	(nurses, social / human services,
Building and Construction	pharmacists, physicians, chemists, etc)
(carpenters, electricians, plumbers,	Logistics and Transportation
HVAC, roofers, etc)	(laborers, truck drivers, packers, airlines sales driver, etc)
Business and Financial Services	
(secretarial, janitorial, bank tellers,	Lumber, Wood, and Paper
accountants, advertising, marketing, etc)	(forests, cabinet / furniture makers, machine operators, etc)
Education (teachers, assistants, janitors,	Other
bus drivers, etc)	Other(retail, wholesale, hospitality, misc)
Please review the following Career Center Services and	check the areas you wish to receive assistance:
Job Shadowing	 Continuing Education
Internship	Career Study
Graduation Project	(volunteer for credit)
Volunteer Employment	Work Study (paid employment for credit)

The Pottstown High School requires all students participating in school sponsored employment related activities be insured against injury.

Part-Time Employment

Job Hotline



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Career Center Insurance Form

The Pottstown High School requires all students participating in school sponsored employment related activities, such as Job Shadows, Internships, Career/Work Study, Graduation Projects, Volunteer Employment, etc. be insured against injury. This insurance can either:

- be purchased through the District accident policy offered herein, or
- be provided through another carrier by the parents/guardians of the student.

Please check the box and complete the information required for your choice below;

your signature indicates your willingness to accept the obligations and responsibilities of the policy you choose to list here:

Option 1. I choose to purchase the accident insurance policy offered to my child through the Pottstown School District. I understand that I am responsible to maintain payment on this policy for the duration of my child's participation in employment related activities. Please complete the attached form regarding enrollment in this policy.

Student Name_____

Date

Parent/Guardian Signature

Phone Number

Option 2. My child is covered by an insurance policy for any injuries he/she may sustain during participation in a school sponsored activity. I choose to **decline** the coverage of the accident insurance policy offered to my child through the Pottstown School District. I understand that the cost of medical services due to any injuries sustained by my child is my responsibility.

Name of Insurance Policy Carrier

Address of Insurance Carrier

Carrier Phone Number	
Carrier Phone Number	

Policy Number/ID Number

Group Number

 Name of Policy Holder
 Phone Number

Family Doctor _____ Phone Number_____

Doctor Address