

HIGH TRAILS COUNSELOR APPLICATION

Completed application is due to Mrs. Harrell AS SOON AS POSSIBLE. Applicants are given assignments on a FIRST COME, FIRST SERVE basis beginning on the first day of school for all students. (August 16, 2019)

Applications are complete when:

- (1) Online application is submitted
- (2) Student and parent agreements page is printed, signed, and returned to Mrs. Harrell in the library
- (3) Teacher recommendations are printed and given to teachers

You will be notified of your assignment, if chosen, at least one week in advance, through the Remind app. To sign up for Remind text the message **@ah493a** to the number **81010**. *Please do not assume your first choice will be assigned.* There are many factors in determining high school counselor placement. You are welcome to inquire after the status of your application and assignment. A schedule will be posted, and updated regularly, on Mrs. Harrell's office door in the library.

PLEASE type or print clearly:

NAME _____ GRADE _____

STUDENT COMMITMENT:

1. I understand that I will be responsible for all work missed while I am gone and must make arrangements for assignments with each teacher **BEFORE** leaving for camp.
2. I understand that if I am selected and agree to attend High Trails, there are only two acceptable reasons for not fulfilling my commitment: 1) illness or injury, or 2) family emergency.
3. I understand the use or possession of tobacco, alcohol or drugs is not permitted at any time.

Student signature

PARENT PERMISSON:

_____ has my permission to attend High Trails for four (4) school days as a camp counselor during one of the sessions marked above. I agree to the following:

1. My son/daughter is responsible for all work assigned while gone from school and must make arrangements for assignments with each teacher **BEFORE** leaving for camp.
2. If my son/daughter is selected and agrees to attend High Trails, there are only two acceptable reasons for not fulfilling that commitment: 1) illness or injury, or 2) family emergency.
3. I understand the use or possession of tobacco, alcohol or drugs is not permitted at any time.

PARENT/GUARDIAN SIGNATURE _____

Date: _____ Home Phone _____ Work Phone _____