

LENAPE REGIONAL HIGH SCHOOL DISTRICT
LDTV Option Two Program Application

Student's Name: _____ **Grade:** _____
School: _____ **Mobile Number:** _____

Parent/Guardian Name: _____
Phone Number: _____

School Counselor's Name: _____ **Phone:** _____

Contact/Supervisor: John Donaldson
Phone Number: 609-654-5111 ext. 3530

What aspect of television production are you most interested in? _____

Do you have any outside commitments that could interfere with fulfilling your Option Two responsibilities? (*i.e., part-time job, school/club sports, extra-curriculars, etc.*) YES/NO
If yes, what are they? _____

How will you get to and from the job site? _____

Items required prior to the initial meeting:

On a separate 8.5 x 11 inch sheet of paper using Times New Roman 11-point font please provide a 400-500 word essay explaining why you are interested in taking part in the LDTV Option Two program.

Provide a YouTube link to a 3-5 minute video highlighting the various forms of production that you have worked on. Each separate production should begin with a short slate with the following information:

- Production Title
- Your role in the production (*i.e., editor, director, camera, etc.*)

I agree to meet and complete all of the guidelines and requirements of the LRHSD Option Two course program and agree with the Parent/Guardian consent guidelines.

Student Signature: _____ **Date:** _____
Parent/Guardian Signature: _____ **Date:** _____

*** OFFICE USE ONLY ***

Will this Option Two program require a shortened school day? _____ No _____ Yes
If yes, please explain: _____

Initial meeting held with school counselor and student on: _____
Secondary meeting held with site supervisor and student on: _____
Site Supervisor Signature: _____

Principal/Designee Signature: _____
This agreement was: Approved _____ Rejected _____ Reason: _____
Start Date: _____ Completion Date: _____

LENAPE REGIONAL HIGH SCHOOL DISTRICT
COMMUNITY SERVICE/INTERNSHIP/WORK GRADUATION CREDIT
AGREEMENT, WAIVER AND RELEASE

I hereby acknowledge that _____ (Student), has my permission to participate in the community service project as described in the Application for Community Service/Internship/Work. I hereby agree that _____ (Student) may participate in this off-campus volunteer program. I hereby agree and understand that (Student) is responsible for transportation to and from the community service location. I hereby further acknowledge, agree and understand that the Lenape Regional High School District Board of Education has no obligation to perform background checks on any external participants of the community service project. I further understand that participation in this activity is voluntary, and that there are risks involved in participating in this activity, and that Lenape Regional High School District Board of Education is not responsible for the safety of those students participating in the activity.

The safety, cost and transportation, to and from, any Option 2 program and any and all costs for programs, fees, books, supplies, support, tutoring, etc are the responsibility of the student's parent/guardian. By completing the Option 2 request the parent/guardian(s) agree to indemnify and hold harmless the Lenape Regional High School District, its agents or employees from any and all claims of any type, action, complaint, judgment, costs or personal injury, arising out of, or related to, the student's participation in the Option 2 program.

I hereby agree to release Lenape Regional High School District Board of Education, its employees and/or agents and anyone claiming through it, free and harmless from any and all lawsuits, demands or claims for any losses, damages, or injuries to person or property, including attorney's fees and costs, relating to or as a result of the student's participation in, or travel to and from the community service/internship/work activities. I further agree to indemnify and defend Lenape Regional High School District Board of Education for any lawsuits, demands, or claims by third parties arising out of such activity.

Name of Student

Name of Parent/Guardian

Signature of Parent/Guardian