

**CAM**  
**Career Aligned Mastery Program**  
**Agreement Form**  
**2010 - 2011**

My child \_\_\_\_\_, has expressed a desire to earn Career Mastery recognition for concentrated study in \_\_\_\_\_. And by doing so will fulfill the Oregon Department of Education's "Extended Application" experience, required of all Oregon high school graduates.

I understand my child will be involved in a variety of career related activities both in and out of school and will complete a comprehensive portfolio as outlined in the Career Aligned Mastery program.

**My child and I understand that failure to meet all program requirements means he/she will not graduate.**

I have read and understand the level of commitment and requirements needed for my child to be eligible for "Career Mastery" recognition at graduation.

By signing here, I give my consent for my child to participate in the above Career Aligned program and will support his/her efforts to fulfill state and program requirements..

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

By signing here, I agree to complete all of the requirements for graduation and Career Mastery recognition in \_\_\_\_\_.

Student Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Career Major Teacher  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be eligible for Career Mastery recognition, you must return this form to Jocelyn LaMar, by April 21st.**