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| Betriebspraktikum – Einverständniserklärung der Eltern/Erziehungsberechtigten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Geburtsdatum | |  | | | | | | | |  | |  | | | | | | | | | | | | |  | | | |  | |
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| Zeitraum des Praktikums: | | | |  | | | vom | | | | 23.10.2023 | | | | | bis zum | | | |  | | 10.11.2023 | | | |  | | | | |
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| Praktikumsbetrieb: | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Anschrift, Telefonnummer: | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Wir sind damit einverstanden, dass unser Sohn/unsere Tochter in dem o.g. Betrieb ein Schülerbetriebspraktikum absolviert. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Die An- und Abreise zur Praktikumsstelle werden von uns organisiert und verantwortet; die anfallenden Fahrtkosten zur Praktikumsstelle tragen wir. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ort, Datum | | | | | | | | | | | | |  | Unterschrift der Erziehungsberechtigten | | | | | | | | | | | | | | | | |
| Janusz-Korczak-Schule, Uffeln Mitte 33, 49479 Ibbenbüren  Förderschule des Kreises Steinfurt (Primarstufe und Sekundarstufe I)  Förderschwerpunkt Emotionale und soziale Entwicklung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Betriebspraktikum – Praktikumsvereinbarung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name der Schülerin/des Schülers | | | | | | | | | |  | | Vorname der Schülerin/des Schülers | | | | | | | | | | | | |  | | | | Klasse | |
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| Zeitraum des Praktikums: | | | |  | | vom | | | | | 23.10.2023 | | | | | bis zum | | | | | 10.11.2023 | | | | | | |  | | |
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| Praktikumsbetrieb: | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Anschrift, Telefonnummer: | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Der Schüler/die Schülerin kann in dem o.g. Betrieb ein Praktikum absolvieren. Da das Praktikum eine Schulveranstaltung ist, ist der Schüler/die Schülerin über die Unfallkasse NRW versichert. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Unterschrift Schule | | | | | | | | |  | | Datum | | | | | |  | Unterschrift des Betriebs | | | | | | | | | | | | |
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| **Angaben zum Betrieb** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ausbildungsberuf: | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| Ansprechpartner im Betrieb: | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| Besuch durch Lehrerinnen/Lehrer anmelden? | | | | | | | | | | | | | | | | | | | | | | |  | ja | | |  | | | nein |
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| Gesundheitszeugnis nach §43 Infektionsschutzgesetz erforderlich? | | | | | | | | | | | | | | | | | | | | | | |  | ja | | |  | | | nein |
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| Besondere Vereinbarungen (Arbeitszeiten, Besuche usw.): | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Ansprechpartner in der Schule: | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |
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