

# Parent Permission Form

## Work Experience Program Application

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent/Guardian:

Your child has expressed an interest in participating in this year's work experience program and if selected becomes eligible to receive hands on training as an intern with a partner company in the community. Students enrolled under this program are provided the opportunity to train with an employer who will provide real life work and learning experiences. Students must be at least sixteen (16) years old to participate in the program.

Although it is a non-paid training students under this program are eligible to receive 0.5 (1/2) school credit toward graduation for each successfully completed 90 hours of work. A total of 180 hours worked would translate to 1.0 credit earned. To earn the credits students are graded by employer evaluations on their performance on the job and are required to turn in certain reports to the work experience coordinator.

Your child may need assistance in providing transportation to the work site. Your support is important because attendance at work is a large part of their overall evaluation and grade.

Ultimately, this program may also help your child secure a paid employment upon graduation.

**Please check and complete the appropriate information below:**

I grant permission for \_\_\_\_\_ to participate.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name(s) of individuals (other than me or my spouse) authorized to pick-up my child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Availability of student to work – please circle:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.	P.M.	P.M.