

**COMMUNITY HIGH SCHOOL
WORK STUDY PLAN AND AGREEMENT**

***NO STUDENT WILL BE CONSIDERED FOR WORK STUDY UNTIL THIS
AGAREEMENT IS SIGNED AND TURNED INTO THE COUNSELING OFFICE***

DATE_____

STUDENT INFORMATION

NAME_____DATE OF BIRTH_____

ADDRESS_____
NUMBER & STREET APT CITY ZIP

HOME PHONE (Include area code) _____

WORK INFORMATION

COMPANY NAME_____

PHONE NUMBER_____

ADDRESS_____
NUMBER & STREET CITY ZIP

CONTACT PERSON_____
NAME JOB TITLE

APPROXIMATE NUMBER OF HOURS STUDENT WILL WORK PER WEEK: ____HOURS

JOB DUTIES AND RESPONSIBILITIES

GENERAL CONDITIONS

- A. The student employee will abide by the regulations and policies of his/her employer and the school.
- B. The employer assumes the responsibility of providing the student employee with the broadest occupational experience in keeping with the job requirements.
- C. The employment of the trainee will conform to all federal, state, and local laws and regulations, including non- discrimination against any applicant or employee because of race, color, or national origin.

SPECIFIC CONDITIONS

- A. The student **MUST PASS ALL CLASSES** in each quarter employed to receive credit.
- B. The student must obtain their own job. The job must be approved by the coordinator.
- C. The student must work a **MINIMUM of 100 hours per QUARTER** to obtain credit.
- D. It is the student's responsibility to **RETURN ALL NECESSARY FORMS** with the **CORRECT** information and with **AUTHENTIC** signatures by each quarters due date. **Failure to return these forms on time will result in loss of credit for that quarter.**
- E. If a student changes jobs, it is **THEIR** responsibility to obtain new forms and return them with all necessary information. **Failure to do this in a timely manner may result in loss of credit.**

SIGNATURES OF PERSONS APPROVING THIS PROGRAM

_____	_____
STUDENT	DATE
_____	_____
PARENT	DATE
_____	_____
EMPLOYER	DATE
_____	_____
SCHOOL COORDINATOR (Counselor)	DATE