



All year _____ Semester 1 _____ 2 _____

Orange _____ Black _____

WORK RELEASE AGREEMENT

In order to have work release for credit (.5 for each semester), students must work an average of 15 hours per week. Students granted work release must submit electronic pay stubs each quarter.

STUDENT SECTION:

The Student will:

1. Act in a sincere, courteous, and polite manner.
2. Report promptly for appointments and scheduled work.
3. Follow instructions carefully.
4. Demonstrate responsibility in task or activity completion.
5. Maintain good academic standing

Student Name (please print) _____

Student Signature _____ Date _____

PARENT/GUARDIAN SECTION:

We, the parents, give permission for our son/daughter to participate in the Mentorship/Work Program. We understand that the student and his/her parents are responsible for his/her transportation to and from the contracted site unless otherwise arranged.

1. Please list any persistent health problems which may affect his/her attendance in the program:

2. The family carries a primary health insurance plan. Yes _____ No _____

3. Please contact the following in case of an emergency:

Parents _____ Phone _____

Physician _____ Phone _____

Hospital Preference _____

We have adequate insurance for our son/daughter in case of an accident or injury incurred while traveling to and from mentorship activity. We give permission for him/her to participate.

Parent/Guardian Signature _____ Date _____

(OVER)

COORDINATOR SECTION:

The coordinator will:

1. Arrange individual conferences with the student.
2. Confirm student schedule with work supervisor.
3. Be available to student for consultation.
4. Be available to the student's supervisor.
5. Review the daily attendance sign-out sheet.

Coordinator's Signature _____ Date _____

Calie McNerney, Associate Principal & School to Work Coordinator

cmcnerney@cedarburg.k12.wi.us

(262)376-6245 Fax# (262)376-6210

WORK SUPERVISOR SECTION:

The supervisor will:

1. Work directly with the student to provide training.
2. Communicate with the coordinator on issues related. To the student.
3. Provide supervision of the student when he/she is on site, including a safe environment.
4. Take the responsibility to report and take appropriate action in an accident.

Supervisor's Name (please print) _____

Supervisor's Signature _____ Date _____

Business/Firm Name _____ Phone _____

Address _____ City _____ Zip _____

Fax _____ Email _____

Note: The Cedarburg School District reserves the right to suspend or cancel any Work Release Agreement if it judges the cancellation or suspension to be in the best interest of the student.