



Date _____

Dear Parents/Guardian:

Your son/daughter had been enrolled in the work/study training program for the 20____/20____ school year. In order for your student to participate in the program, we will need your signature on the enclosed release forms.

The releases explain the specific details of your son/daughter's job or training placement. Please review these carefully and, if you have no questions, sign and return the forms to school with your young person.

If you should have questions or concerns, or if you would care to visit regarding your young person's placement, please call or e-mail your student's resource room teacher at school.

Thank you for your cooperation and support of the vocational program.

Sincerely,

Resource Room Teacher

Enclosures
Please return as soon as possible.



Work Study Agreement

Date _____ Job Placement _____
Student _____ Address _____
School _____ Supervisor _____
Phone _____

This agreement is to confirm the plans made to provide work/study at the above site. We the undersigned agree to the following:

Beginning date _____ Ending date _____
Days/hours of employment _____ School Credit _____
Job Title _____
Job Description _____
Competitive job/volunteer _____ Wage/incentive pay _____

Supports provided by school _____ (coordination of grades and credits earned)

Transportation _____

Responsibilities of worker:

1. Attend work everyday.
2. Arrive at work on time.
3. Do not leave early or request to leave early.
4. Follow the employer's instructions.
5. Get along with all supervisor and co-workers.
6. Call in ahead of time if you have to miss a day of work.
7. Communicate with supervisor and teacher if you are going to be absent.
8. Missing too many days of work may result in a failing grade for work/study.
9. Go to work AND school every day.
10. Stay busy on the job...FIND work to do! Use initiative.

Signatures:
Student _____
Parent _____
Supervisor _____
Teacher _____
Principal _____



Work/Study Parent Release

I understand that my son/daughter qualifies for the NEKESC work/study program. I hereby agree to his/her participation in this program understanding that he/she will be earning credits toward graduation and a letter grade as well as receiving wages per hour or a small amount of incentive pay at the rate of _____ per class period.

Further, understand the following requirements:

1. Transportation (if necessary) to and from the job is the responsibility of the parent and the student.
2. The classroom teacher is responsible for coordinating the job supervision, grades, and credits earned.
3. Remaining in the work/study program is dependent on behavior and attitude, grades earned, and attendance at school and on the job.
4. Workman's compensation insurance is provided on all student volunteers by the local school district.

Your son/daughter will be participating in a work/study program at:

Place of business _____

Type of work _____

School hours _____

Please sign this form on the line provided below and have your son/daughter return it to their special education teacher.

Sincerely,

Signature _____ Date _____



Student Agreement

The NEKESC Work/Study Program is planned to provide maturing experiences for youth through supervised parttime employment as part of the total school program. The student must accept the following responsibilities as part of the work/study program.

1. To be regular in attendance in school and on the job.
2. To be on time at school and on the job.
3. To notify the employer as early as possible when I will be absent from work.
4. If I am absent from school, I must also be absent from work on that day.
5. To conduct myself in a satisfactory manner, both on the job and in the classroom, or my training may be discontinued.
6. To be well dressed and groomed appropriately both in school and on the job.
7. To realize that I am under jurisdiction of the school throughout the training hours.

Date _____

Student's Signature _____

Teacher Signature _____

Keystone Learning Services

Assignment Agreement for Special Education Volunteers

Date _____ Volunteer _____ Age _____

Teacher's Name _____

Assignment Location _____

Time Schedule for work _____

Description of duties volunteer will perform: _____

Projected beginning and ending dates for this assignment:

From _____ to _____

Health Certification on file (yes) _____ (no) _____

Parent Signature _____

Student's Signature _____

Teacher's Signature _____

Principal's Signature _____

Special Education Administration Signature _____

Work Study Monthly Time Card

Student Name _____ Month/Year _____

Job Site _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
In						
Out						
In						
Out						
Total						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total hrs
In						
Out						
In						
Out						
Total hrs						

Return to Rhonda Denning at the Keystone Office at the end of the month.

Signature _____ Total Monthly Hours _____

Ok'd by: _____