



2011/2012 School Year

Dear Parents/Guardian:

Your son/daughter had been enrolled in the work/study training program for the 2011/2012 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 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, I understand the following requirements:

1. Transportation (if necessary) to and from the job is the responsibility of the parent and the student. (Transportation may be provided in certain cases).
2. The classroom teacher are responsible for coordination 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 \_\_\_\_\_



### 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 \_\_\_\_\_



## 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 hrs						

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

Signature \_\_\_\_\_ Total Monthly Hours \_\_\_\_\_

Ok'd by: \_\_\_\_\_