

**WORK STUDY PROGRAM
NIWOT HIGH SCHOOL**

STUDENT:

I request permission to earn .5 high school credits through the Work Study Program.

I realize that any of the following conditions will result in not being awarded the above credit: 1) loss of job; 2) failure to pick up from the school and return a completed employer evaluation form at the end of each quarter. I understand it is my responsibility to notify the school of any change in my job status. I realize that I will be graded on a Pass/Fail basis.

COUNSELOR:

This student has my recommendation to participate in the Work Study Program. The amount of credit a student may earn is .5 credits during this semester. Students may earn up to 1 full credit in Work Study.

EMPLOYER:

The above named student is employed at: _____

and is working approximately _____ hours per week.

Employment began/will begin: (date) _____

Work/Supervisor phone number: _____

PARENT/GUARDIAN:

My student has my permission to participate in the Work Study Program for high school credit under the conditions set forth above.

SIGNATURES: By signing, I agree to the above.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Employer's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

Class to Replace: _____