

ST. JOSEPH HIGH SCHOOL SENIOR WORK RELEASE FORM

The student listed below has requested a work release from St. Joseph High School. The student making this request must provide a written request, signed by the parent, to the principal. The student must be making normal progress toward meeting all graduation requirements in order to be considered for work release. The student, employer and parent must fill out this form, and have signed approval by the principal, and guidance counselor.

The employer shall guarantee employment through the semester and/or school year and sign to that effect.

Student Name:	
EMPLOYER SECTION Name of Business:	
Address:	
Name of Supervisor:	
Days of the week employed at this location: (circle)	MTWTHF
Hours of employment: Start: End:	
(Please provide a weekly schedule, if the schedule verminates this employee, the student and employer counselor and this agreement shall be null and void	will inform the school principal or guidance
Signature of Employer:	
The school may end this agreement if the student er regular basis, does not continue to make progress to not adhere to the work release agreement, or is decl	oward meeting graduation requirements, does
Student Signature:	Date:
Parent Signature:	Date:
Principal:	Date:
Guidance Counselor:	Date: