



# TRINITY AREA SCHOOL DISTRICT WORK RELEASE PERMISSION FORM

*Please complete and return prior to October 1, 2018.*

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child \_\_\_\_\_ to leave Trinity Area School District to go to work at \_\_\_\_\_. I agree to accept all legal and financial responsibility for transportation and any wrong doing my child may do during work release time. I absolve Trinity Area School District from any and all legal responsibilities when my child is in transit to and from work and the time he/she is out on work release.

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address:  
\_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Probable Days Student Will Work: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_