



Darby Public Schools

District Number 9 • 209 School Drive • Darby, Montana 59829

Superintendent/Business Manager (406) 821-3841
High School 821-3252 • Elementary 821-3643 Maintenance 821-3974
Fax 821-4977 • Website: www.darby.k12.mt.us

WORK PERMIT FORM

NAME: _____ GRADE: _____ PERIOD(S) _____
PLACE OF WORK: _____ EMPLOYER: _____
HOME PHONE: _____ WORK PHONE: _____
WORK ADDRESS: _____

The student agrees to:

1. Keep regular attendance, both in school and on the job.
2. Leave school premises immediately for the job site.

Student's signature _____ Date: _____

The parent agrees to:

1. Encourage the student to effectively carry out his/her duties and responsibilities both in school and on the job, or while traveling to and from the job site.
2. Be responsible for the safety and conduct of the student while he/she is traveling to and from the school, job, and home.
3. Relieve Darby School District #9 of any liability for injuries occurring on the job.

Parent's signature _____ Date: _____

The employer agrees to:

1. Adhere to all state and federal regulations regarding employment and other applicable regulations. (This includes providing workman's compensation for students who are getting paid a wage. For those students on stipends or unpaid internships, the school arranges for workman's compensation coverage.)
2. Consult with the school personnel about difficulties arising on the job.

Employer's signature _____ Date: _____

The school agrees to:

1. Counsel students having difficulties with their work experience.
2. Make appointments with employers to develop a written job description and evaluation procedure for all student employees.
3. Make periodic visits to the jobsite or conduct consultations with the employers whenever possible or necessary.

School Official's signature: _____ Date: _____

Work Study Information Sheet

Students that wish to have or keep a work study period(s) must fill out this form completely and return it to the High School Office.

Student Name: _____ Date: _____
Semester: 1st 2nd Work Study Periods: 1 2 3 4 5 6 7

Working For: _____
Employer Phone: _____

**Employer needs to briefly describe below the students job description and responsibilities.

Student Signature Date

Employer Signature Date

Parent Signature Date

Principal Signature Date