

**HENRY CLAY HIGH SCHOOL
WORK STUDY
PARENT/GUARDIAN
PERMISSION AGREEMENT**

(Please PRINT)

STUDENT'S NAME: _____

PARENT/GUARDIAN NAME: _____

Work Study is a program in which senior students are permitted to earn credit for working part-time. Students may leave school after 4th or 5th hour each day. Students may have a work schedule that is not during the time of 5th and 6th hours, but the credit is earned through the hours, not the time of day.

Students **MUST** have a part-time job prior to applying for work study. If they do not currently have a job, they should **NOT** complete the application at this time. They need to select electives for a full day of classes for all 6 hours. Once they obtain a job, they can complete the application and have their schedule adjusted by their counselor.

CONTRACT

AS A PARENT OR LEGAL GUARDIAN,

- I understand the coursework for Work Study Program occurs at a community job site and securing the work placement for the program is the responsibility of the student.
- I understand the student is required to complete the comparable number of hours per week at his work site that is reflective on his/her class schedule. 1 period = 90 hours/semester = ½ credit, 2 periods = 180 hours/semester = 1.0 credit, and 3 periods = 270 hours/semester = 1.5 credits. Students taking work study for more than 2 hours are not eligible for KEES money.
- I understand and agree that the course grade will reflect all aspects of the work study experience in regards to covering responsibility set forth by the rules of the program and the grade will be determined by the following:
 1. Completing and returning this contract to the counselor upon scheduling.
 2. Submitting paystubs on a regular basis to show work hours starting the first pay period after August 15. Students will be given additional information on the 1st day of school.
 3. Submitting the work evaluation prior to the last week of the semester to the teacher. This evaluation is the final exam for the course.
- I can verify that my son/daughter will be able to provide her/his own transportation to and from the work place. I understand **NO FCPS BUS WILL BE PROVIDED AND CARPOOLING OF STUDENTS IS NOT ALLOWED.**
- I understand that failure to fulfill the program requirements will result in the dismissal of the student from the Work Study program or a failing grade.

Parent/Guardian: _____ DATE: _____

Signature