



UNION COUNTY VOCATIONAL-TECHNICAL SCHOOLS
WORK BASED LEARNING
PERMISSION SLIP

1776 Raritan Road, Scotch Plains, NJ 07076-2997
(908)889-8288 www.ucvts.org

Student: _____

Company: _____

Address: _____ City: _____ Zip: _____

Contact: _____ Phone #: _____

Student Acknowledgment: (VERY IMPORTANT)

*I have read the **WORK BASED LEARNING** handbook. I am aware of my responsibilities as a work based learning participant. I am also aware that any deliberate action on my part that goes against the rules and procedures of the UCVTS WBL Program will result in my immediate dismissal from the program with a "0" percent grade.*

Student Signature: _____ Date: _____

PARENTAL PERMISSION:

I understand that my child _____ will be leaving campus to attend an off-campus work based learning experience on scheduled days. I am giving my permission for my child to sign out from campus for the work based learning activity only.

Parent signature: _____

Parent's printed name: _____

Transportation:

The student will be transported to the internship and home as follows:

- Parent will transport student
- Student will transport self
- Other: If student will be attending an alternate site (other than registered site) list site and date here:

- Other (specify):

_____ has my permission to leave the Union County Vocational Technical School campus for a work based learning activity and I will not hold anyone in the Union County Vocational Technical Schools liable or responsible for any personal injury, accident, or any other problems that might occur.

Parent / Guardian Signature

Date

Parent / Guardian Printed Name

Parent Contact Information -- phone/email/fax -- in case we need to contact you in an emergency :
