PINELLAS COUNTY SCHOOLS

CAREER & TECHNICAL EDUCATION
WORK-BASED LEARNING (WBL)
INTERN/PRE-APPRENTICESHIP REGISTRATION

Student Name: _____ High School: _____

Name of Academy (if applicable): _____

Parent Name: _____ Phone Number: _____

Parent Email: _____ Student Email: _____

Student Phone Number: _____ Year in School: ❑ Fr ❑ So ❑ Jr ❑ Sr

Business Name and Address: _____

_____

Name of Immediate Supervisor: _____

If paid, what is the rate? _____ Expected number of hours in WBL per week _____

WBL Start Date _____ Expected WBL End Date _____

We understand that by taking part in the Pinellas County Work-Based Learning (WBL) program, the student will be in contact with individuals, including the general public, who have not had their backgrounds screened by the Pinellas County School Board. We further understand that the student will not be under the direct supervision of the school staff, but of the supervising business. We understand that we will be subject to the risks inherent in the work place in which the student is placed. We also understand that injury could occur at the worksite or in traveling to and from the worksite.

Recognizing the benefits and risks involved, I hereby give my consent to engage in a WBL experience. I agree to release and hold harmless the School Board of Pinellas County and its employees and agents from and against all claims, judgments, costs, or other expenses, including attorney fees, arising out of bodily injuries or property damage resulting from participation in WBL.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Teacher Signature _____ Date _____

Keep a copy on file for 5 years and send a copy through school mail to:
Pinellas County Schools Administration Building, CTAE, Work-Based Learning