CRISTO REY ORLANDO HIGH SCHOOL
CORPORATE WORK STUDY PROGRAM

Corporate Work Study Program - Make-Up Day Form

PART 1: TO BE COMPLETED BY STUDENT
Student Name: Date absent:
Make-Up Date Approved by Supervisor:
Student Instructions: · Request Make-Up date · Review the approved make-up date · Your parent/guardian must sign **Part 2** · Bring this form with you on the scheduled make-up day. Your supervisor must sign **Part 3.** · Complete your timecard on the make-up date. · Return the signed form to the CWSP Office to receive credit. Student Signature: Date:
PART 2: PARENT/GUARDIAN ACKNOWLEDGMENT
I understand that my student will be responsible for their own transportation to and from work and lunch on the scheduled make-up day. Parent/Guardian Name: Parent/Guardian Signature: Date:
PART 3: SUPERVISOR INFORMATION & CONFIRMATION (Completed on Make-Up Day)
Company Name:
Company Address:
Supervisor Name: Supervisor Email:
I confirm that the student successfully completed the make-up day as agreed. Supervisor Name: Supervisor Signature: Date: