



Wall High School

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School Counseling Department

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Mrs. Kathryn A. Misa,

Director of School Counseling

Mr. Andrew Nash

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Mrs. Kirstin Procter

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Mrs. Kathleen Rivera

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Request for Work Release

WORK RELEASE REQUIREMENTS:

- Student must be a senior.
- Student must submit this form by the first day of school. Any student looking to add work release for Semester 2 must submit this form by the start of the semester.
- Student must maintain a minimum of a 20 credit course load at WHS.
- Student must be employed 20-plus hours each week during the school year. In the event the student becomes unemployed or changes jobs, then he/she must notify the school counselor immediately.
- Student must be making adequate progress toward meeting all graduation requirements.
- Student is responsible for his/her own transportation.
- **When WHS has a scheduled delayed opening or partial day due to testing or other scheduled events, the student is responsible for rearranging his/her work schedule to attend WHS. No exceptions.**

Note: The school may end this agreement if the student ends employment, fails to attend WHS classes on a regular basis, does not continue to make progress toward meeting graduation requirements, does not adhere to with work release agreement, or is declared ineligible under school rules.

Student's Name: _____ Cell Phone #: _____

Student's Signature: _____ Date: _____

☐ Check here to indicate that you have read and understand the work release requirements listed above.

Parent's Name: _____ Date: _____

Parent's Signature: _____

☐ Check here to indicate that you have read and understand the work release requirements listed above. You are in agreement that your child will participate in a partial day, senior year schedule, resulting in late arrival and/or early release.

EMPLOYER SECTION

Name of Business: _____ Supervisor: _____

Supervisor's Phone #: _____ Supervisor's Email: _____

Business Address: _____

Once the above portion of this form is completed turn it into your school counselor for approval

School Counselor: _____ Date: _____

Director of School Counseling: _____ Date: _____

Application Status: ☐ Approved ☐ Denied