JACKSON PUBLIC SCHOOL DISTRICT
Work Study Program Request Form
TWELFTH GRADE

NAME OF STUDENT: ______________________________________________
SCHOOL PRESENTLY ATTENDING: __________________________________
TOTAL NUMBER OF UNITS OF CREDIT: ________________________________
(Include number scheduled for 12th grade)

---- Parent ----
Your twelfth grade (daughter or son) has requested to leave school after (fourth or fifth) period to work. Listed below are the requirements he/she must follow:

1. Must be taking at least one unit beyond what is required for graduation.
2. Must complete the Work Study Program form. (Signatures of parent(s)/guardian, employer, student, and principal.)
3. Must leave the school campus after the last scheduled class each day. If not, your child will be placed in a supervised study for the remainder of the school day.
4. Must have and maintain a 2.5 grade point average. Failure to maintain a 2.5 grade point average will forfeit the student’s privilege of participating in the work study program.

SIGNATURE OF PARENT ___________________________ DATE ______________

---- Employer ----
This is to certify that I have employed:

Name of Student: ________________________________________________
Nature of Student’s Job: __________________________________________
Name of Employer: ______________________________________________
Address: _________________________________________________________
Telephone Number: ______________________________________________

SIGNATURE OF EMPLOYER ___________________________ DATE ______________

---- Student ----
I understand and agree to follow these procedures and if failing to do so will be placed in a regular study class and my work study program will be cancelled.

SIGNATURE OF STUDENT ___________________________ DATE ______________

APPROVED: ___________________________________________

SIGNATURE OF PRINCIPAL ___________________________ DATE ______________