

STUDENT NAME: \_\_\_\_\_

**WORK STUDY PROGRAM  
NIWOT HIGH SCHOOL**

**STUDENT:**

I request permission to earn .5 high school credits through the Work Study Program.

I realize that any of the following conditions will result in not being awarded the above credit: 1) loss of job; 2) failure to pick up from the school and return a completed employer evaluation form at the end of each quarter. I understand it is my responsibility to notify the school of any change in my job status. I realize that I will be graded on a Pass/Fail basis.

**COUNSELOR:**

This student has my recommendation to participate in the Work Study Program. The amount of credit a student may earn is .5 credits during this semester. Students may earn up to 1 full credit in Work Study.

**EMPLOYER:**

The above named student is employed at: \_\_\_\_\_

and is working approximately \_\_\_\_\_ hours per week.

Employment began/will begin: (date) \_\_\_\_\_

Work/Supervisor phone number: \_\_\_\_\_

**PARENT/GUARDIAN:**

My student has my permission to participate in the Work Study Program for high school credit under the conditions set forth above.

**SIGNATURES: By signing, I agree to the above.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Class to Replace: \_\_\_\_\_