

WBL STUDENT APPLICATION

Students must turn in this application complete with parent/guardian signatures as well as an updated resume to the Work-Based Learning program. Applications will be collected and students will be interviewed for selection for the following term.

The Student Must:

- be at least 16 years of age;
- be on track to graduate;
- have a clearly defined career goal;
- be a student in good academic standing as pertaining to attendance, behavior, and grades;
- have completed or concurrently completing related coursework/pathway; have transportation; be willing to submit health/substance screenings that may be required by the employer.

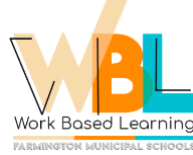
Applicant Information	
Student Last Name:	Student First Name:
School:	Expected Graduation Year:
Home Address/City/Zip:	
School Email:	Student Cell Phone:
Date of Birth:	Age:
Parent/Guardian Name:	
Parent/Guardian Email:	Parent/Guardian Daytime Phone Number:

Employment Information		
Are you currently employed? YES/NO	If Yes: Company Name:	If Yes: Supervisor's Name:
How many hours/week do you currently work?	Company Phone Number:	Supervisor's Phone Number:
Company Address:		

Emergency and Insurance Information	
Allergic to Medications: YES/NO If Yes List Medications:	List any other allergies or Medical Alerts:
Insurance Company:	Policy Number:
Parent/Guardian:	Home Phone: Work Phone: Cell Phone:
Additional Emergency Contact: Relationship:	Home Phone: Work Phone: Cell Phone:
Additional Emergency Contact: Relationship:	Home Phone: Work Phone: Cell Phone:
I consent for my child to receive medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.	
Parent/Guardian Signature:	Date:

Parent/Guardian Acknowledgement & Consent Form	
Please initial EACH item below to indicate your acknowledgement/consent:	
	If accepted, I consent to the enrollment of my son/daughter/ward in the Work-Based Learning program at Farmington Municipal Schools.

All career and technical education programs follow the system's policies of nondiscrimination on the basis of race, color, religion, national origin, sex, age, and disability in all programs, services, activities, and employment. In addition, arrangements can be made to ensure that the lack of English language proficiency is not a barrier to admission or participation.



<p>Transportation Consent: I understand that the WBL program does not provide transportation, and confirm that my child has transportation to/from the worksite. I expressly release the Work-Based Learning program work site, local school, and the Farmington Municipal Schools and school board, and any agents or employees of the employer or the school district from any liability that may result from my son/daughter/ward's use of his/her individual transportation or any other mode of transportation my student utilizes to meet this requirement.</p>	
<p>Photo/Media Release: The Workforce Community Liaison and or employer may wish to photograph participants in the program for promotional and/or educational purposes. I hereby give my consent to all Work-Based Learning photographs, audio recordings, and/or video recordings take of me or my minor child by Farmington Municipal Schools or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with the consent, for education, instructional, or promotional purpose determined by the district in broadcast and media formats now existing or to be created in the future.</p>	
<p>Student Record Release: I authorize the Farmington Municipal School System to release my son/daughter/ward's student-submitted resume, academic, behavior and attendance records to any potential employer for the purpose of securing a potential job/internship placement, and I agree that the Farmington Municipal Schools and its agents will be absolved of any responsibility in connection with such release. The authorization can be cancelled at any time by written notice to the Work-Based Learning Workforce Community Liaison.</p>	
<p>Treatment Consent: I hereby authorize the school or the Work-Based Learning Workforce Community Liaison or work-site supervisor/mentor to secure emergency medical treatment. I will assume all financial responsibility.</p>	
<p>Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my child or ward by or on behalf of the employer as a condition of employment and subsequent drug screens as dictated by the company's drug policy.</p>	
<p>Some employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examinations and/or company required vaccinations as a condition of my son's daughter's or ward's employment.</p>	
<p>Having read with understanding the above, I hereby give consent to the enrollment of my son/daughter/ward in the Work-Based Learning program:</p>	
Name of Parent/Guardian:	Daytime Phone:
Parent/Guardian Signature:	Date:
Student Signature:	Date:

Additional Information	
Do you have an IEP? YES/NO	Are you registered with WIOA? YES/NO
Why are you applying for Work-Based Learning? What career would you like to pursue after high school? Briefly explain.	

I hereby give my intent to participate in the Work-Based Learning program for the following term:	
Student Signature:	Date:

OFFICE USE ONLY			
GPA:	Attendance:	Discipline:	On Track to Graduate:
WBL Participation: Approved/Denied Comments:		WBL Placement: Approved/Denied Comments:	
WBL Workforce Community Liaison Signature:		Date:	

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