**Parental Assurances**

* I understand that if my student is enrolled in the Work-Based Learning (WBL) or Youth Apprenticeship (YAP) Program he/she will be re-leased from school prior to regular dismissal or late arrival, in order to work an equal number of hours on a worksite.
* I acknowledge that the WBL/YAP program is a semester-long course and, once enrolled, my student will remain for the duration of that time.
* I am fully responsible for my student upon dismissal from school, including days when my student is not required to be at the worksite.
* I accept responsibility for the safety of my student while he/she is traveling to and from school, the worksite, and his/her home.
* I agree that my student, and any person transporting my student, should be covered by automobile insurance. The Banks County School System, nor any agent of, does not bear liability in my student’s transportation.
* I agree to not allow my student to work in the 17 occupations the Department of Labor classifies as too dangerous.
* I understand that it may be necessary for the WBL/YAP Coordinator to discuss the following items related to my student’s education with an employer: career goals, skills, attendance, grades, punctuality, proficiencies, quality and quantity of work, and hours.
* I will maintain worksite confidentiality by discussing work-related matters with proper school/business authorities and my student.
* I will make any work-related inquiries about my student to the WBL/YAP Coordinator rather than to the employer.
* I agree to encourage my student to carry out his/her duties effectively at both the school and place of employment.
* I acknowledge that my student will be required to take the final exam.
* I am aware that my student will receive a work ethics grade based on attendance to school and will encourage him/her to regularly attend both school and work.
* I agree to hold harmless the Banks County School System and any agent of it if my student works during a mandated school closing.
* I understand that failure to follow all agreements could result in my student’s dismissal from the WBL/YAP program.
* I have read the Work-Based Learning Handbook and agree to all guidelines set forth by the Banks County School System.

**Photography Release**

I understand that my student may be photographed while on the worksite and I grant permission for photographs and/or videos of my student to be taken by either school system personnel or media representatives.

I will allow the school system the right to use and/or reproduce photographs, video, likenesses, or the voice of my student in any legal manner and for the internal/external promotional and informational activities of Banks County Schools. This includes area newspapers, local television stations, and system publications. I waive all present or future compensation and the right to the use of the above stated materials for these promotional and educational purposes. \*

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Parent Signature Date

*\_\_\_\_\_\_\_\_\_\_ I do not want my student’s image used for promotional purposes. (Initial if preferred)*

**Liability Release**

I give my student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to participate in the Banks County School System’s Work-Based Learning Program or Youth Apprenticeship Program.

By giving permission, I hereby release and hold harmless the Banks County Board of Education, its members, agents, and employees from any and all liability that might arise out of my student’s participation in this activity.

Should my student need immediate medical attention, the Banks County Board of Education, or any agent of it, has my permission to seek medical attention.

I agree to adhere to all terms and conditions as described above in the Parental Assurances.

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Parent Signature Date

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Parent Name, printed