**Student Assurances**

* I acknowledge that I am receiving a unit of credit for my participation in the Work-Based Learning (WBL) Program or Youth Apprenticeship Program (YAP). It is a semester-long course and I will receive grades based on the work ethics and skills I exhibit in the classroom and on the jobsite.
* I will attend school and work consistently. If I am absent from either, I will notify my WBL/YAP Coordinator according to the handbook guidelines. I further understand that my work ethics grade is directly dependent upon my attendance to school.
* I will return paperwork in a timely manner. Failure to do so may result in revocation of early release privileges or removal from the program.
* I accept responsibility for my safety and will conduct myself in a safe and professional manner following all rules and regulations established by the Banks County BOE and my worksite.
* I will report any unsafe acts, practices, or conditions that put me or others at risk. I will report any accident (no matter how small) to my WBL/YAP Coordinator.
* I acknowledge that there are some occupations that are deemed too hazardous by the Department of Labor and I will not work in these areas until I am 18. (See handbook.)
* I understand that there is a minimum number of work hours required for the WBL/YAP Program. Even if I meet the requirement prior to the end of the semester, I must still maintain employment for the duration of the semester.
* I understand that it may be necessary for the WBL/YAP Coordinator to discuss with an employer some of the following items related to my education: career goals, skills, attendance, grades, punctuality, proficiencies, quality and quantity of work, and hours.
* I agree to maintaining confidentiality at the worksite. I will not discuss any matter relating to my work with anyone, except proper school/ business authorities.
* I agree to report any and all job changes to my WBL/YAP Coordinator according to the handbook guidelines.
* I understand that having reliable transportation is a condition of admission to this program. My signature indicates that I have a reliable way to get to both school and work.
* I will leave campus at the start of my release period. If I cannot, I will make arrangements with the WBL/YAP Coordinator.
* I will attend all mandatory WBL/YAP meetings.
* I acknowledge that if I am fired from my job, it is likely that I will fail the WBL/YAP Program.
* I will not quit my job without prior approval from my WBL/YAP Coordinator.
* I acknowledge that I will be required to take the final exam, which counts for 20% of my grade.
* I agree to hold harmless the Banks County School System and any agent of it if I continue to work during a mandated school closing. If I do not work during these periods, I will be required to complete alternate assignments.
* I have read the Work-Based Learning/ Youth Apprenticeship Handbook and agree to all guidelines set forth by the Banks County School System.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be participating in the Banks County School System’s Work-Based Learning/ Youth Apprenticeship Program. I agree to adhere to all policies and procedures established by the Banks County School System, my worksite, and my respective program.



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| Student Signature | |  |  |  |  |  | Date | |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |  |  |  |  |
| Student Name, printed | | |  |  |  |  |  |  |  |  |  |
| ***For Coordinator Use*** | | |  |  |  |  |  |  |  |  |  |
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| ***Documents on file:*** | |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_ Application | |  |  | \_\_\_\_\_\_\_\_ Employer Information & Assurances | | | | \_\_\_\_\_\_\_\_ Directions to work | | | |
| \_\_\_\_\_\_\_\_ Student Assurances\* | | |  | \_\_\_\_\_\_\_\_ Employer Survey | |  |  | \_\_\_\_\_\_\_\_ Copy of current paycheck (optional) | | | |
| \_\_\_\_\_\_\_\_ Parental Assurances\* | | |  | \_\_\_\_\_\_\_\_ Copy of transcript | |  |  | \_\_\_\_\_\_\_\_ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| \_\_\_\_\_\_\_\_ Individual Graduation Plan\* | | | | \_\_\_\_\_\_\_\_ Training Plan Development Form | | | | \_\_\_\_\_\_\_\_ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
|  | \*from folder |  |  |  |  |  |  |  |  |  |  |
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