

APPLICATION FOR EARLY RELEASE FROM SCHOOL

Recognizing that gainful employment is an educational experience the school is unable to furnish most students, the following release from school agreement is offered to the student who has secured a job and is willing to abide by the terms of this agreement.

We request that _____ be excused from school for employment.
(name of student)

It is agreed that:

1. The student must maintain “full time” status by continuing to carry a minimum of five academic credits.
2. The student must be at work during the time he/she is excused from school. This is considered to be time “at school” until the time that school is normally dismissed for the day.
3. The student will return to school on a normal schedule when his/her term of employment ends during the school year. Parents are to submit Continued Employment Reports to the school.
4. All Ohio laws regarding the employment of minors are met. The student must obtain a Work-Permit from the school, if necessary.
5. The school reserves the right to visit or call employers and students to determine if the provisions of this agreement are being fulfilled.
6. A student must be passing all subjects before being excused early for work; passing grades must be maintained in all subjects while the student is working.
7. The amount of time a student is excused to work will depend upon the student’s schedule. Schedule revisions will be avoided. Class sizes may limit the amount of time involved.
8. The student will explore school work-study programs including, but not limited to CBE, OWE and Mentorship, when appropriate.

If the above conditions are not met, this may be grounds for canceling this agreement.

| | |
|-------|-----------------------------------|
| _____ | _____ |
| Date | Student's Signature of Agreement |
| _____ | _____ |
| Date | Parent's Signature of Agreement |
| _____ | _____ |
| Date | Employer's Signature of Agreement |

9. LOCATION OF EMPLOYMENT

| | |
|---|---------------|
| Name of business, institution, organization, etc. | Telephone No. |
|---|---------------|

| | | |
|---------|------|-----|
| Address | City | Zip |
|---------|------|-----|

PERSON DIRECTLY IN CHARGE OF ACTIVITY: (PLEASE PRINT)

| | |
|------|---------------|
| Name | Title, if any |
|------|---------------|

EMPLOYMENT DATA: _____ FROM: _____ TO: _____

For the Period from _____ to _____
(Month/Day/Year) (Month/Day/Year)

Please describe briefly the activity for which you are requesting early release from school, and explain the learning value you expect it to have for you:

Have you obtained a Work Permit? YES [] NO []

Contract Approval

[] Approved

Counselor's Signature

[] Disapproved

Principal's Approval

Date: _____

Copies: White – Counselor
 Yellow – File
 Pink – Student