

Education

Are you on track for graduation? (Circle one) Yes No (If no, explain)

Faculty Recommendation

Acquire three (3) teachers signatures who are familiar with your scholastic and work performance that you would ask to recommend you for the Work Based- Learning program. **One** must be a **CTAE/Fine Arts/Advanced Academic** teacher who taught you previously/ you are currently in their course, and the last 2 are teachers of your choice.

****By signing this form, you are recommending the student for WBL.**

CTAE/FA/AA Teacher: Printed Name: _____ Signature: _____

Student Choice: Printed Name: _____ Signature: _____

Student Choice: Printed Name: _____ Signature: _____

Career Interest

Why do you want to enroll in Work-Based Learning?

What is your ultimate future career goal?

What do you plan to do after high school graduation?

Student Certification

I certify that I have completed the Work-Based Learning (WBL) application with careful consideration. If accepted for the WBL program, I will take advantage of every opportunity to improve my skills, talents, abilities, and efficiency in the classroom and the world of work.

Signature of Student: _____ Date: _____

Parent Acknowledgement

I am the parent/guardian of the student applicant for the Work Based Learning program. I verify the student has my support to participate in the WBL program if selected. I acknowledge, if the student is accepted into the WBL program he/she will be released from school early regardless of their work schedule. I certify the student has reliable transportation from the WBL determined release time to/from the student's employment site.

Name of Parent/Guardian: _____ Date: _____

Signature: _____ Contact Number: (____) _____

It is the policy of Houston County School System not to discriminate on the basis of age, sex, race, color, religion, national origin, or handicap in its educational programs, activities, or employment practices.