

FAYETTE COUNTY SCHOOLS WORK-BASED LEARNING (WBL) APPLICATION

IMPORTANT: This form is formatted as a fillable .pdf form, so students can type answers in the boxes below. When done, the form must be printed and submitted, along with your resume, to your counselor's office. The form will not allow you to save your answers, so make sure to print your document before you close it. You can also choose to print the blank form and fill it out by hand with legible printing.

ADMISSION MINIMUM REQUIREMENTS

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 standing as pertaining to attendance, behavior, and grades;
- have completed or concurrently completing related coursework/pathway
- submit 3 teacher recommendations and a resume
- have transportation;
- be willing to submit to health/substance screenings that may be required by the employer.

Teacher Recommendations

Three (3) teacher recommendations are required to be submitted on behalf of the student. It is the student's responsibility to request the recommendations from their selected teachers, and to follow-up to insure the recommendations have been submitted prior to the application deadline.

To request recommendations, students should e-mail the selected teacher and ask them to fill out the online WBL Teacher Recommendation Form at the following location: www.fcboe.org/domain/1943 The teachers can access and complete the online recommendation form by logging in with their FCBOE credentials on the site when prompted.

Applicant Information

Student Last Name:

Student First Name:

School:

Expected Graduation Year:

Address/City/St/Zip:

School Email Address:

Student Cell Phone Number:

Parent/Guardian Name:

Parent Email Address:

Parent/Guardian
Daytime Phone Number:

Career & Employment Information

Identify Your Career Goal:

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:

Additional Information

Why are you applying for Work-Based Learning? What do you hope to learn or do? Briefly explain.

Do you have any responsibilities or obligations that could interfere with your ability to work after school hours (for example: sports, school/community activities, part-time job, and family/childcare responsibilities)? Yes No

If yes, briefly explain:

A brief (one page) resume is required and must be included with the WBL application. Your resume should include any prior/current work experience and relevant training, certification or specific skills related to your desired WBL placement. **If desired, include any leadership roles you have/had in school activities or organizations, and community organizations or events.**

To submit your resume please print a copy and attach it to the printed application above when you submit it.

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.

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**Work-Based Learning - Fayette County School District
Parent/Guardian Acknowledgement & Consent Form**

Student Name: _____ **School:** _____

Parent/Guardian: Please initial EACH Item below to indicate your acknowledgement / consent:

_____ *I have read and understand the District Student Code of Conduct.*

_____ *If accepted, I consent to the enrollment of my son/daughter/ward in the Work-Based Learning Program in Fayette County Schools.*

_____ **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 Fayette County Public Schools and any agents of the employer or the school system 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.

_____ **Photo/Media Release:** *The WBL Coordinator 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 taken of me or my minor child by Fayette County Public 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 educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or to be created in the future.*

_____ **Student Record Release:** *I authorize the Fayette County Public 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 Fayette County Public Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Work-Based Learning Coordinator.*

Health/Medical:

_____ **Treatment Consent:** *I hereby authorize the school or the Work-Based Learning Coordinator or work-site supervisor/mentor to secure emergency medical treatment. I will assume all financial responsibility.*

_____ **Insurance:** *I acknowledge and affirm that it is my responsibility to insure my son/daughter/ward is covered by medical/accident insurance throughout the duration of their participation in Work-Based Learning.*

_____ *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 as a condition of employment and subsequent drug screens as dictated by the company's drug policy.*

_____ *Some employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.*

Having read with understanding the above, I hereby give my consent to the enrollment of my son/daughter/ward in the Work-Based Learning program:

Name of Parent/Legal Guardian _____ **Daytime Telephone** _____

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____