

**KENAI PENINSULA BOROUGH SCHOOL DISTRICT
PARENT APPROVAL OF STUDENT WORK EXPERIENCE ACTIVITY**

_____ (Student's name) is in the Career Based Work Experience Program

(OJT, Work Coop, Mentorship, Apprenticeship)

(Please circle one).

This is a cooperative arrangement between the school and local businesses. The student will receive vocational instruction in the classroom and at a local business. These two experiences are planned and supervised by a school coordinator and the businesses so that both experiences contribute to the student's education and employability.

The training will be provided in accordance with the following conditions:

THE PARENT/GUARDIAN AGREES TO:

1. Ensure the student's school and job attendance. I understand that my son/daughter is to attend classes each school day as a prerequisite to work.
2. Encourage the student to succeed in school work and job performance.
3. **Be responsible for the safety** and conduct of the student while he/she is traveling to and from the school, the training station, and home.
4. Consult with the school coordinator on unsatisfactory situations prior to contacting the business and allow the coordinator to participate in conflict resolution as necessary.
5. Understand that my son/daughter is enrolled in a high school training program and may receive little or no financial reward during instructional hours.
6. Understand that my son/daughter is not permitted to change positions without the approval of the school coordinator and business. Failure to adhere to this will result in a reduction in grade.
7. The school will grant 1/2 credit for 180 hours of work experience or 1 credit for 360 hours of work experience, accumulative to no more than 1 credit per semester and 2 credits per high school experience.
8. Read and understand a copy of the training agreement and the training plan between the student and business, and agree to its terms.
9. If the student loses his or her position, the student will have the option of finding another paid or non-paid experience or reenter the school based education program within two weeks.

RELEASE OF LIABILITY

I/we, as parent(s) or guardian(s) of _____ (student name) and/or the student himself/herself hereby:

1. Consent to his/her participation in the activities of the Work Experience Program.
2. Understand that the Kenai Peninsula School District carries minimal work experience insurance which may respond for up to \$25,000 of direct medical expenses for injuries which may be sustained while at the business site. In some cases worker's compensation insurance is provided by the State of Alaska for the student while he/she is in a non-paid training program.
3. Agree that I/we will hold the Kenai Peninsula Borough and School District harmless for damage of property or injury to my son/daughter as a result of his/her participation in this program.

Parent/Guardian Name
(Printed or Typed)

Parent/Guardian Name
(Signature)

Student Name
(Printed or Typed)

Student Name
(Signature)

Required if Student Is 18 Years of Age or Older

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