

Pottsville Area High School

Student Work Study Form

Student Information

Student Number _____

_____ Last Name First Name Middle Name

_____ Grade Level Homeroom Teacher Home Phone Number

1st Semester

2nd Semester

Parent/Guardian Consent

The student named above has requested to leave school for 8th and/or 9th period each school day. I verify that the information given above is correct. I understand that employment is a necessary condition for the work study program. I understand that the work study program is a student privilege and may be revoked at any time for failure to follow the regulations listed below or for other violations of school rules. My signature indicates that I understand the terms under which this permit is issued.

_____ Parent/Guardian Signature Date

Work Study Regulations

- Work study will not be approved until student, parent/guardian, and employer information is provided. Please see the other side of this form.
- Work study privileges are only for seniors who have scored “proficient” or “advanced” on at least 2 out of 3 Keystone Exams.
- Failure to report a change in employment to Mr. Boris will result in disciplinary action.
- Students receiving a failing grade for the marking period in any subject will lose their work study privileges for the subsequent marking period.
- A disciplinary violation MAY result in a loss of work study privileges. This will be at the discretion of the building administration.
- Release times may vary depending upon the school schedule. It is the student’s responsibility to make arrangements with his/her employer for modified schedules.

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Employer Information

Place of Employment _____

Address _____

Name of Contact Person _____

Telephone Number _____

Work Schedule _____

Employer Consent

I verify that _____ is an employee of the named establishment and that it is necessary for them to participate in work study so that they may report to their place of employment for the hours listed. I understand that the work study program at Pottsville Area High School is a student privilege and can be revoked at any time based on school regulations. I understand that student release times may vary depending upon the school schedule and that it is the student's responsibility to make arrangements with his/her employer should the school schedule be modified. I understand that I may need to speak with school officials regarding this student's employment. My signature indicates that I understand the terms under which this permit is issued.

Name of Supervisor _____

Signature of Supervisor _____

Date _____