

Seckinger High School Work-Based Learning Program Early Release Understanding Verification Form

Student Name: _____

Directions: For a student to be enrolled in the program, the parent/guardian must provide the required information below and sign/date the form at the bottom of the page.

EARLY RELEASE

I understand that my child, _____, is enrolled in the work-based learning program at Seckinger High School and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work based learning program.

Parent or legal guardian signature: _____