



# Work Based Learning Application

To be considered, complete the application and **return to Mrs. McCrary in the Marketing Lab** or email to [kelly.mccrary@gpsk12.org](mailto:kelly.mccrary@gpsk12.org). PLEASE PRINT

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Student ID Number \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Their cell phone \_\_\_\_\_

Your cell phone \_\_\_\_\_ Are you looking to work off campus or in the building as an office assistant \_\_\_\_\_? If in the building, which department interests you? \_\_\_\_\_

Home Address \_\_\_\_\_

Your Email Address \_\_\_\_\_ Your current counselor @ NHS \_\_\_\_\_

What Career & Technical Education classes have you taken? \_\_\_\_\_

Are you presently working? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please answer the following:

Company Name \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Supervisor's first and last name \_\_\_\_\_ How many hrs a wk do you work? \_\_\_\_\_

Company Address \_\_\_\_\_

Company phone number \_\_\_\_\_ Your Job Title \_\_\_\_\_

Are you planning to use this job as your job for WBL? Yes \_\_\_ No\_\_\_

Do you currently have a valid driver's license? \_\_\_\_\_; If not, how will you get to work? \_\_\_\_\_

Have you taken an online class? \_\_\_\_\_; What do you believe is necessary to be successful in an online class?

What are your plans after high school? \_\_\_\_\_ What is your career goal \_\_\_\_\_

What classes have you taken that connect to your career goal? \_\_\_\_\_ To your current job? \_\_\_\_\_

How will enrolling in WBL help you in the future? \_\_\_\_\_

**Give 3 recommendations to a teacher, counselor or assistant principal; Have them return them to Mrs. McCrary in the Marketing Lab** **Note:** IF you take 1 WBL class period, you must work 5 hours per week; 2 WBL class periods, you must work 10 hours; 3 WBL class periods, you must work 15 hours per week. You submit paystubs as proof of your hours, complete monthly assignments, and attend a mandatory meeting once a month. If approved, you will receive a packet to complete.

**Student Signature verifying that grades, attendance, and discipline record are in good standing.**

\_\_\_\_\_ Date: \_\_\_\_\_

My child has permission to apply for this course, and I understand and agree that he/she will abide by the requirements.

\_\_\_\_\_ Date: \_\_\_\_\_



# Work Based Learning Application

## I understand

- that enrollment in a Gwinnett County Public School’s work-based learning program is selective and that making application for enrollment **does not** mean that I will automatically be accepted;
- that an interview with a work-based learning coordinator will be a part of the application process;
- that once accepted, I must complete all required forms one of which includes acceptance of my responsibilities under the program guidelines;
- my grades, discipline record, and attendance may be checked by the coordinator prior to acceptance into the program.
- If I am not employed at the beginning of the semester, the coordinator will request a schedule change so that I am enrolled in regular classes with a regular class schedule. (Check with your teacher to find out what your school’s grace period is for schedule changes).
- I may be required by their employer to work holidays, weekends and/or Spring Break.
- If a period of unemployment occurs within or at the end of a semester, I will be placed under coordinator or administrator supervision for the work release periods and may not leave campus without permission of the coordinator or administrator.
- If I cannot verify my work hours for the previous month, I will be placed under coordinator or administrator supervision for the work release periods and may not leave campus without permission of the coordinator or administrator (student may also be placed back into classes on campus).
- I am responsible for finding and maintaining employment and having my own transportation to work.
- I must leave campus when regular classroom instruction is complete each day.
- I could be dropped from WBL and placed into classes on campus for repeated violation of program requirements.

Confidentiality in all jobs is a must. Your employer takes confidentiality very seriously and may require you to sign a confidentiality agreement. Prior to taking photographs or using any forms, reports, etc. as samples for your portfolio, you must obtain permission in advance from your employer. **Any breach of confidentiality required by your employer or any other offense that results in your termination will, in turn, result in the loss of your work-based learning credit.**

**Please refer to the Parent/Guardian Consent form for other requirements of the work-based learning program.**

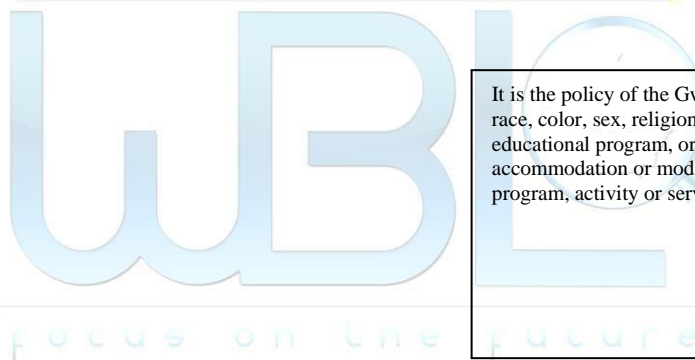
By signing below, the student and Parent/Guardian acknowledge understanding of the above and agree that this student is permitted to apply to Gwinnett’s work-based learning program. If the student is accepted, he/she will be given other paperwork to complete and must abide by all requirements of the program.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



It is the policy of the Gwinnett County School System not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service. If you wish to request an accommodation or modification or to make a complaint due to discrimination in any program, activity or service, contact:

The Office of Internal Resolution  
437 Old Peachtree Road, NW  
Suwanee, Georgia 30024