

**SCHOOL-TO-CAREERS
WORK-BASED LEARNING
RELEASE FORM**

(Completed by school)

Student Name	Date												
A school-based/work-based learning activity has been scheduled.													
Activity:	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Job Shadowing</td> <td style="width: 33%;">Field Trip</td> <td style="width: 33%;">Career Seminar</td> </tr> <tr> <td>Apprenticeship</td> <td>Internship</td> <td>Cooperative Work</td> </tr> <tr> <td>Clinical</td> <td>Training</td> <td>Experience</td> </tr> <tr> <td>Career Academy</td> <td>Other</td> <td></td> </tr> </table>	Job Shadowing	Field Trip	Career Seminar	Apprenticeship	Internship	Cooperative Work	Clinical	Training	Experience	Career Academy	Other	
Job Shadowing	Field Trip	Career Seminar											
Apprenticeship	Internship	Cooperative Work											
Clinical	Training	Experience											
Career Academy	Other												
Date:													
Location:													
Time Period:													
Transportation:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">School bus</td> <td>Commercial carrier</td> </tr> <tr> <td>Private vehicle</td> <td>No district transportation provided</td> </tr> </table>	School bus	Commercial carrier	Private vehicle	No district transportation provided								
School bus	Commercial carrier												
Private vehicle	No district transportation provided												
Private Vehicle Driver:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">School/District Personnel</td> <td>Volunteer</td> </tr> </table>	School/District Personnel	Volunteer										
School/District Personnel	Volunteer												

(Completed by Parent/Guardian)

<p>I give permission for my student to participate in the above activity.</p> <p>Transportation: School transportation as identified above. I assume full responsibility for providing or arranging transportation for my student.</p> <p>I assume responsibility for my student beyond the normal supervision of the assigned advisor(s).</p> <p>Parent/Guardian Signature _____ Date _____</p>

Teachers Signatures (if applicable)	
1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____