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:	Job Shadowing	Field Trip	Career Seminar
	Apprenticeship	Internship	Cooperative Work
	Clinical	Training	Experience
	Career Academy	Other	

Date:

Location:

Time Period:

Transportation:	School bus	Commercial carrier
	Private vehicle	No district transportation provided
Private Vehicle Driver:	School/District Personnel	Volunteer

(Completed by Parent/Guardian)

  I give permission for my student to participate in the above activity.
 Transportation:
  School transportation as identified above.
  I assume full responsibility for providing or arranging transportation for my student.

 I assume responsibility for my student beyond the normal supervision of the assigned advisor(s).

Parent/Guardian Signature _____ **Date** _____

Teachers Signatures (if applicable)

1. _____   5. _____
2. _____   6. _____
3. _____   7. _____
4. _____   8. _____

Form 936