

Work--Based Learning Application (ESD/Co-Op/Internship/Youth Apprenticeship)

The **Work-Based Learning Program** in Dawson County Public School allows juniors and seniors who have identified a specific career objective to obtain experience and skills in a workplace setting.

The Work-Based Learning Program:

- A sequence of courses developing each student's academic and occupational competencies beginning in high school and continuing at the post-secondary level.
- On-the-job training guided by a skilled work-site mentor
- Training based on competency standards developed by industry and labor.

The Work-Based Learning Program Classifications:

- ESD – Employability Skill Development
- Co-op – Cooperative Education
- Internship
- YAP – Youth Apprenticeship

*Students will be assigned to the appropriate Classification by the Work-Based Learning Program Coordinator.

Requirements:

- A clearly defined career goal.
- The WBL student is engaged in his/her career pathway that is linked to previous or current academic/technical coursework.
- Good attendance record. WBL students are prohibited from going to work on days that they are absent (excused or unexcused) from school. A large number of absences may result in denial into or dismissal from the program.
- Good discipline record in the previous semesters.
- Must be on track for graduation (should students fail any section of the graduation test, they may be pulled from WBL for remedial courses)
- Any student who has failed a semester of WBL will not be allowed to take any WBL program.

Dear Parents:

Your son/daughter is applying for admission into a Work-Based Learning Program at Dawson County High School. Enrollment into the program is not guaranteed. If admitted to this program, your son/daughter:

- Will be enrolled in regular classes for at least 2 blocks per day.
- Will work a minimum of hours based on the number of block(s) the student leaves school;
- Students must provide their own transportation to and from work.
- Students must hold a valid drivers license as well as proof of automobile insurance.
- Must be passing and be on track for graduation to enroll in the WBL program
- Provide proof of a social security number
- Must provide proof of health insurance.

Please return entire application to Mrs. Mayfield, Tech-ED Office

Deadline: March 31, 2015

Dawson County School System

Work-Based Learning Student Application Information

I. Personal Data

Student's Full Name:	Student ID Number:	Date of Birth:	Current Age:
High School:	Current Grade:	Last 4 digits of Social Security #	
Home Address:	City:	State:	Zip Code:
Student's Email:	Home Telephone:	Cell Phone:	
Career Pathway Interest:			
Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours to this program (i.e., sports, school, community activities, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____ _____			
What time will you be available to work each day: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____			
Would you be available to work on weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Could you drive to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available for summer employment: <input type="checkbox"/> Yes <input type="checkbox"/> No			

II. Academics

List two teachers who are familiar with your scholastic and work performance that you would ask to recommend you for this Work-Based Learning Program:	1.	
	2.	

III. Work Experience

List previous work experience (<i>starting with the most recent and working backwards</i>)(Include related volunteer and community activities):				
Job Title	Employer/ Name of Firm	Description of Duties	Dates Employed	Reason for Leaving

IV. Parent Information *(to be completed by parent/guardian of applicant)*

Father's Full Name:	Daytime Phone #:	Email Address:
Mother's Full Name:	Daytime Phone #:	Email Address:
Guardian's Full Name:	Daytime Phone #:	Email Address:
Name of person with whom student currently resides:		
Why would your son/daughter be a good candidate for a Work-Based Learning Program? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

V. Certification

As the student applicant, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected for the Work-Based Learning Program, falsified statements may be grounds for removal. I authorize investigation of all statements contained herein and release all parties from liability for any damages that may result from furnishing the same to you. I agree to have my latest achievement scores submitted by my guidance counselor with my application.

Student Signature

Date

Parent/Guardian Signature

Date

Attach a copy of your high school transcripts to this application. Your transcripts can be obtained from the guidance office/student records office.

Non-discrimination Policy: It is the policy of the School Board to offer opportunity to students to participate in appropriate programs and activities without regard to color, creed, national origin (VI of the 1972 Educational Amendments), handicap (Section 504 of the Rehabilitation Act of 1973 and PL94-142) or sex (Title II of the Educational Amendments of 1976 and PL94-482).

VI. Applicant Essay

Write a minimum of four sentences that addresses the following. Limit your essay to 250 words. Feel free to type (double-spaced) your essay on a separate sheet of paper and attach it to this application.

- Please explain why you are applying for the Work-Based Learning Program and what you expect to gain from the experience.
- What kind of career do you envision for yourself in the future?
- What do you plan to do after high school graduation?
- What are your future education plans?

This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal lines spaced evenly down the page. Each set typically consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement. The paper is otherwise completely blank, with no text or other markings.

**Dawson County High School
Work-Based Learning**

**Early Release Understanding and Insurance Verification
Form**

Directions: For a student to be enrolled in the program, the parent/guardian must provide the required information below and sign and 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 Dawson County High School and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day. Student will leave campus at _____ .m. Student work site is _____. Student will complete _____ hours at the work site each week.

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 (please complete information section below).

Automobile Accident and Health Insurance

I understand that my child must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

► **Automobile Accident Insurance**

My child is covered by automobile accident insurance through the following provider:

Provider:	<input type="text"/>	Policy Number:	<input type="text"/>
Address:	<input type="text"/>	Name of Insured:	<input type="text"/>
City/State/Zip:	<input type="text"/>	Phone Number:	<input type="text"/>

► **Health Insurance** *(Please provide copy of insurance card or policy.)*

☐ My child is covered by health insurance purchased through the Dawson County Schools.

☐ My child is covered by health insurance through the following provider:

Provider:	<input type="text"/>	Policy Number:	<input type="text"/>
Address:	<input type="text"/>	Name of Insured:	<input type="text"/>
City/State/Zip:	<input type="text"/>	Phone Number:	<input type="text"/>

Parent/Guardian Signature

Date

Dawson County High School
Dawson County School System
Career Related Education
Work-Based Learning Program Consents

Student Name: _____
Mother/Legal Guardian: _____
Father/Legal Guardian: _____
Emergency Contact Name: _____

School: Dawson County High School
Daytime Phone: _____
Daytime Phone: _____
Daytime Phone: _____

Please read and check the appropriate box regarding consents required for Work-Based Learning students.

Enrollment Consent: I consent to the enrollment of my son/daughter/ward in the WBL Program		Yes		No
Transportation Consent: (School-provided transportation is not available to WBL sites.) <ul style="list-style-type: none"> I hereby give my son/daughter/ward permission to drive to the WBL site. I expressly release the WBL Program work site, the local school and the Dawson County School District and any agents of the employer or the school system from any liability that may result from my son/daughter/ward's use of his/her individual transportation. 		Yes		No
Field Trip/Class Projects: <ul style="list-style-type: none"> Permission is granted for my son/daughter/ward to participate in field trips and class projects during his enrollment in the WBL Program (may include DECA/FBLA events) Transportation may be provided by the student, teacher, school system, or a combination of transportation. Dawson High School cannot be responsible in case of an accident. 		Yes		No
Photo/Media Release: Permission is granted to photograph my son/daughter/ward for promotional and educational purposes.		Yes		No
Student Record Release: <ul style="list-style-type: none"> I authorize the Dawson County School District to release my son/daughter/ward's academic and attendance records to any potential employer and I agree that the Dawson County Public Schools and its agents will be absolved of any responsibility in connection with such release. This authorization can be canceled at any time by written notice to the WBL Coordinator. 		Yes		No
Health/Medical Treatment Consent: <ul style="list-style-type: none"> I hereby authorize the school or the WBL worksite mentor to secure emergency medical treatment. I will assume all financial responsibility. <ul style="list-style-type: none"> The student ____ is or ____ is not covered by medical insurance. Health Insurance Company Name: _____ (A copy of insurance card must be on file with Coordinator) If not, parent/guardian signature indicates that accident insurance will be purchased through the school insurance program. Contact your local school. 		Yes		No
Screening for Illegal Substance Use: <ul style="list-style-type: none"> Some employers require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. 		Yes		No

Student Signature

Date

Parent/Guardian Signature

Date

Dawson County School System
Career Related Education
Work-Based Learning Program Guidelines

All Work-Based Learning (WBL) employment/placement sites must be approved by the WBL Coordinator in order for the student to receive credit for his/her work experience.

WBL employment/placement approval will be based upon the following guidelines.

1. **ALWAYS** check with the WBL Coordinator before accepting a job for the purposes of the WBL program.
2. The student must work a minimum of _____ hours a week; a portion of these must be worked from Monday through Friday.
3. The student must maintain a minimum GPA of 2.5 in all classes.
4. The student will be placed on academic probation if a failing grade is received for any class during a specific grading period and will result in removal from the program if the final grade is failing.
5. All employment sites must operate from a place of business which keeps regular business hours and operates out of a store front or office which is not a residence.
6. All employment sites must have a business phone line and must have a registered name and Tax Identification Number (TIN).
7. Seasonal jobs, weather dependent jobs, delivery jobs and self-employment jobs will not be accepted.
8. All sites must have a supervisor on duty at all times, and the supervisor must be directly responsible for the supervision of the trainee's performance on the job.
9. The WBL student must be employed within two (2) weeks or 10 days of the semester in which they begin enrollment and the student must remain employed with the same employer throughout the entire semester.
10. The student must inform the WBL Coordinator promptly of any problems that arise on the job that may affect his/her employment status; if the student is terminated from the job for any reason, notify the WBL Coordinator immediately.
11. **DO NOT** resign/quit your position without discussing this with the WBL Coordinator.
12. Any student who is fired/terminated during the semester or resigns/quits his/her job without proper notification/approval will receive a failing grade for that portion of the semester.
13. Although the student is not required to work during school holidays for the purposes of the WBL program, the employer may require the student to work. If this is the case, the student must abide by the employer decision.
14. WBL students should make every effort to attend school every day.

15. If a student must miss class due to illness or other emergency, the student is required to call in sick to both their employer and either call or email the WBL Coordinator no later than 8:00 a.m. on the day of the absence.
16. Students who miss two or more classes in a school day will not be permitted to report to work on that same day.
17. If a student is in ISS or Alternative School, he/she must stay the entire school day and are not permitted to report to work on that same day.

I have fully read and agree to abide by the above Work-Based Learning Guidelines.

Student Signature _____

Date _____

Parent Signature _____

Date _____

APPLICABLE TO YOUTH APPRENTICESHIP/INTERNSHIP PROGRAMS
Student and Parent, please initial next to each of the statements below

1. The student will meet weekly with the WBL Coordinator to turn in journal reports, document hours worked and to receive/turn in required assignments. ____/____
2. The student will attend any and all career sessions/seminars as scheduled by the WBL Coordinator. ____/____
3. Student will turn in copies of paystubs at the end of each month to document wages earned. ____/____
4. Student must create an account on GA College411 or Georgia Career Information Center. ____/____