



SOUTH PARK HIGH SCHOOL

2005 Eagle Ridge Drive, South Park, PA 15129

EARLY RELEASE FROM SCHOOL WORK RELEASE APPLICATION

Student Information

Name: _____ Grade: _____

Address: _____ Home Phone: _____

Cell: _____

Period 10 Class: _____ Period 11 Class _____

Student Agreement

I agree to submit all of the required paperwork and file a copy of my work schedule each week and a copy of my paystub each month in the guidance office. I will make all of the necessary appointments and adjustments with the guidance office if my work schedule changes. I agree to work 15 or more hours per week at my place of employment and I recognize that failure to do so will result in removal from the Early Release Program.

Student Signature: _____ Date: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Home Phone : _____ Cell: _____

Parent Agreement

I grant permission for my son/daughter to be released from school early while in the work release program. I understand that they must work 15 or more hours per week at an approved place of employment and I recognize that failure to do so will result in the removal from the Early Release Program.

Parent Signature: _____ Date: _____

Employer Information

Name of Business: _____ Supervisor _____

Address: _____ Phone: _____

Cell: _____

Will the student/employee earn the Pennsylvania minimum wage or higher? _____

Does this business provide Worker's Compensation? _____

Does this business comply with Child Labor Laws? _____

Employer Agreement

I agree to employ the above name student for 15 or more hours per week at my place of employment and I recognize that failure to do so will result in his/her removal from the Early Release Program.

Employer Signature: _____ Date: _____

----- Adminstrative Approval -----

Approved _____ Not Approved _____ Signed: _____ Date: _____

Notes: _____
