

# Student Agreement

## CO-OP & INTERNSHIP

MUST BE SIGNED AND RETURNED TO TEACHER BEFORE SCHEDULE CAN BE CHANGED  
**FILED BY TEACHER OF RECORD**

I, \_\_\_\_\_, will participate in work-based learning placement experience which will take place at \_\_\_\_\_. I will log hours complete on the required forms to provide evidence. I understand that the supervisor is giving valuable time to help me learn more in this field. By signing this contract, I agree to complete all the requirements of the work-based learning experience and take responsibility for the submission of all documentation.

### Student Responsibilities:

- Student must observe all of the work-site rules.
- Student must be courteous and considerate of all aspects of the training site.
- Student must observe all school policies while at the training site.
- Student must notify their teacher AND supervisor of absences prior to the date missed via email:
  - Emergency absences require immediate communication to the teacher and supervisor
  - Absences without notice will not be excused.
- Student must report major issues regarding their placement to their teacher or Mr. Browning, immediately.
- Student must complete all required classwork related to the WBL placement
- Student must inform supervisor of any school event scheduling conflicts
- Student must do an in-person, informal check in with their teacher, **weekly**.

### Copies of the following must be delivered to your teacher with this application **PRIOR TO**

**PLACEMENT:** (please initial showing you have submitted the documents as confirmed by your teacher)

1. Driver's License (front/back) \_\_\_\_\_
2. Health Insurance (front/back) \_\_\_\_\_
3. Car Insurance (front/back) \_\_\_\_\_
4. [Student Eligibility Form](#) \_\_\_\_\_
5. Student Agreement (this page) \_\_\_\_\_
6. Parent/Guardian Agreement \_\_\_\_\_
7. Employer Agreement \_\_\_\_\_
8. Permission Form for Transportation \_\_\_\_\_
9. Medical Authorization \_\_\_\_\_
10. [Employer Background Check](#) (via teacher) \_\_\_\_\_

### **DURING PLACEMENT** (please initial showing you understand the requirements)

1. Bi-Weekly Time Sheet Form Completed by Student (ongoing) \_\_\_\_\_
2. End of Semester Student Evaluation by Student \_\_\_\_\_
3. Employer Evaluation of Student by Employer \_\_\_\_\_
4. Employer Program Evaluation by Employer \_\_\_\_\_

### **Type of Work-Based Learning Placement** (as named on your schedule)

Internship \_\_\_\_\_ Co-op \_\_\_\_\_ TRACK Pre-Apprenticeship \_\_\_\_\_ Entrepreneurship \_\_\_\_\_

Other (What is the class name?) \_\_\_\_\_

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

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

Parent Signature: \_\_\_\_\_

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

Teacher Signature: \_\_\_\_\_

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

# Parent/Guardian Agreement

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I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give him/her permission to participate in work-based learning placement at \_\_\_\_\_.

I understand that the mentor is giving valuable time to help my students learn about their career. I understand that my student is being given an opportunity to gain hands-on career experience and will be training in an adult situation. My student will be treated as an adult; therefore, will be expected to maintain adult behavior. As parent/guardian, I accept responsibility for transportation to and from the training site. I will ensure my student maintains attendance expectations. Furthermore, I understand that if my students does not perform his or her work-based learning responsibilities as expected, my student may lose his or her opportunity for placement. (cont.)

## Permission Form for Transportation

I hereby give my permission for my child, \_\_\_\_\_  
(Please print student name)

**To Drive:** from/to Barren County High School in connection with a school-related function and/or activity (work-based learning site, practice, etc.) as designated by Barren County High School.

**Disclaimer :** In granting permission, I hereby expressly waive my claim for liability against Barren County Schools, the Board of Education, including its employees and representatives and release them from liability in connection with Barren County High School or the Barren County School District. Further, I assume full responsibility for any damage to persons and/or property caused by my student. I further expressly agree that in the event disciplinary action may be necessary, my child may be returned home at my expense. Further, in case of emergency or injury to my student, I hereby authorize the school and its personnel to act in the best interest of my student. I further consent and will be responsible for any medical and/or dental treatment that may be advisable at the discretion of any physician or dentist. I understand that I will be personally notified if it becomes for my student to be returned home and/or require health treatment. This form does not give consent to transport passengers to school related events. **It is further warranted that if this Transportation Permission Form is signed by one of two parent(s)/guardian(s), it is with the authority of the other.**

\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED)

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

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

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

## Medical Authorization

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Should it be necessary for my child to have medical treatment while participating in work-based learning, I hereby give the school district permission and/or work-site personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

\_\_\_ Yes

\_\_\_ No

Permission is also granted to release emergency contact/medical history to the attending physician or to work-site personnel if needed.

\_\_\_ Yes

\_\_\_ No

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone for Parent/Guardian: \_\_\_\_\_

Contact Other than Parent/Guardian: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child require any special accommodations due to medical limitations, allergies, disabilities, dietary constraints, or other restrictions? Please explain any that are required.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

# Employer Agreement

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## Role of the Employer

In order to maximize the work-based learning experience, Barren County Schools request the following of our business/industry partners accepting students in work-based learning roles.

1. Take an active role in the training and supervision of the student.
2. Provide a safe working environment by...
  - a. Providing OSHA-required trainings if necessary
  - b. Ensuring supervising employees have complete a criminal background check
  - c. Complying with all laws regarding wages and hours of student learners
  - d. Providing close supervision by a qualified employee to avoid subjecting the student to unnecessary or unusual hazards
  - e. Complying with all regulations prohibiting discrimination
  - f. Maintain confidentiality of student information
  - g. *If paid, the employer certifies that this student is covered by Worker's Compensation Insurance and that the policy is now in force and registered with the Kentucky Department of Workers Claims as prescribed by KRS 342.630.*
3. Assist in the evaluation of the student by helping the student complete weekly timesheets and by completing the evaluation forms upon school request
4. Provide a primary Point of Contact (POC) for the Teacher of Record.

**Schedule for Off-Campus Work-Based Learning:** *This schedule must be strictly adhered to unless modified by required attendance at on-campus BCHS events. Please list the times the student will be at the worksite for each day of the week. Any changes to the schedule MUST BE APPROVED by the school and the location.*

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Printed Name of Supervisor/POC: \_\_\_\_\_

Signature of Supervisor/POC: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number of Supervisor/POC: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

Teacher of Record Signature: \_\_\_\_\_