



Student Name: \_\_\_\_\_

These forms are an IMPORTANT part of your WBL/YAP experience. You will receive a grade of 100 for turning in the forms signed. ALL blanks should be filled in or use N/A if not applicable to you.

**ALL signed and completed forms are due by the end of the student/parent meeting.  
The following items should be in your folder to be completed or signed:**

- \_\_\_ **Worksite Information**
- \_\_\_ **Student Information**
- \_\_\_ **Early Release Form**
- \_\_\_ **Individual Career Plan**
- \_\_\_ **Employer Letter & Safety Training Agreement**
- \_\_\_ **Training Agreement (3 pgs.)**
- \_\_\_ **Teacher Recommendation Forms (2-Online)**
- \_\_\_ **Program of Study**
- \_\_\_ **Training Plan (Classroom Assignment)**
- \_\_\_ **Parent Verification Form**
- \_\_\_ **WBL/YAP Application (online)**
- \_\_\_ **WBL/YAP Program Orientation & Virtual Handbook Verification Form**
- \_\_\_ **Mentor Acknowledgement of Responsibilities Form**
- \_\_\_ **Confidentiality Agreement**



**Student Name** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
*Street* *City* *Zip*

**Student's Job Title:** \_\_\_\_\_

**Supervisor's Full Name:** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_ **Supervisor's Cell Phone #** \_\_\_\_\_

**Supervisor's Business Email:** \_\_\_\_\_

**1<sup>st</sup> Date of Employment** \_\_\_/\_\_\_/\_\_\_ **Ends** \_\_\_/\_\_\_/\_\_\_

**Hourly Wage \$** \_\_\_\_\_ **If not paid hourly, then weekly wage \$** \_\_\_\_\_

**Supervisor/Mentor authorized to sign time sheet and/or evaluate student must be listed below:**

<b>Printed Name</b>	<b>Signature</b>
1.	
2.	
3.	
4.	
5.	

**Briefly describe the duties of the student employee:**

---



---



---



---



# Student Information

Mrs. Susan Schools – WBL/YAP Coordinator  
Lanier County High School – 52 W Patten Ave – Lakeland, GA 31635  
229-482-3868 – susan.schools@lanier.k12.ga.us



**Student Name** \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduation Year \_\_\_\_\_

Student's Address \_\_\_\_\_  
*Street/PO Box* *City* *State* *Zip*

Home Phone # \_\_\_\_\_

Student's Cell \_\_\_\_\_

Student's Personal Email \_\_\_\_\_

Mother's Email \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Email \_\_\_\_\_ Cell # \_\_\_\_\_

Who to call in case of an emergency:

\_\_\_\_\_  
*Name* *Relationship* *Daytime Phone #*

\_\_\_\_\_  
*Name* *Relationship* *Daytime Phone #*

**SPECIAL NOTES (extra-curricular activities, family obligations, after-school employment, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Early Release Agreement

Mrs. Susan Schools – WBL/YAP Coordinator  
Lanier County High School – 52 W Patten Ave – Lakeland, GA 31635  
229-482-3868 – susan.schools@lanier.k12.ga.us



**Student Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Work Site Name:** \_\_\_\_\_

**Work Site Address:** \_\_\_\_\_  
*Street* *City, State* *Zip*

I understand that my child, \_\_\_\_\_, is enrolled in the Work-Based Learning/Youth Apprenticeship program at Lanier 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.

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 an automobile accident and health insurance to drive to and from work and to be a part of the work-based learning program.

\_\_\_\_\_  
Parent's/ Guardian's Signature

\_\_\_\_\_  
Date



**Student Name:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

Occupational Goal/Career \_\_\_\_\_

**Student's Pathway(s): (check all that apply)**

- Agriculture, Food, and Natural Resources** (Ag Mechanics, AgriScience Systems, Plant and Landscape Systems)
- Arts, A/V Technology, and Communications** (Graphic Communications)
- Business, Management & Administration** (Business & Technology)
- Education & Training** (Teaching as a Profession)
- Family and Consumer Science** (Nutrition and Food Science)
- Health Science** (Therapeutic Services, Allied Health)
- Law & Public Safety** (Corrections Services, Law Enforcement Services/Forensic Science)

What post-secondary plans do you have following high school?

- Technical/Community College Program
- Military
- 4-Year University
- Straight to Work

List three specific post-secondary options you are considering (specific college/university, Branch(es) of Military, Work Options, etc):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Where do you see yourself in 5 years, related to your education and career goals?

Where do you see yourself in 10 years related to your education and career goals?



**Student Name:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

Dear WBL/YAP Supervisor or WBL/YAP Mentor:

On behalf of the Work-Based Learning/Youth Apprenticeship Program in Lanier County, I would like to thank you for your willingness to mentor and evaluate our students.

Each student must have the mentor acknowledgement form, the training agreement, and an initial training plan signed and on file. These forms will require your signature. The training agreement explains what is expected of all parties involved in this cooperative training program, and the training plan identifies tasks that the students are now performing or learning on the job.

A student absent from school for the day shall only participate in the job that day if the coordinator has given prior approval. If a student is absent, you may receive a call from the work-based learning/youth apprenticeship coordinator to confirm whether the student reports to work. Students have been informed that they are responsible for adhering to this policy and giving you advance notice of absences. I hope that these students will become more productive and dependable employees.

Periodically, I will bring you a job evaluation form to complete. You should be able to fill it out in approximately five minutes. I hope you will use this evaluation as a tool to discuss with the student how they are progressing on the job. Thank you in advance for your cooperation. I hope you will find that Lanier County High School's Work-Based Learning/Youth Apprenticeship Program students will do an excellent job for you. Please call if you have any questions.

Sincerely,

Susan Schools  
LCHS WBL/YAP Coordinator

Student Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ (Student name), who is a student in the Work-Based Learning/Youth

Apprenticeship program at Lanier County High School and an employee at

\_\_\_\_\_, has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency, the student has been given instructions on how to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

Employer/Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

WBL/YAP Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Supervisor's/Mentor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

**The Employer, Mentor, and Work-Site Supervisor Agree:**

1. To provide a variety of work experiences for the student that contribute to attaining their career objective.
2. To periodically discuss with the student worker their strengths and weaknesses and offer guidance to correct any concerns. Remember, this is a learning opportunity for the student.
3. **To employ the student a minimum of 7.5 hours a week for one work release block, 15 hours a week for two work release blocks, or 22.5 hours a week for three work release blocks.**
4. To employ the student during the school year (**August 6, 2024, to May 23, 2025**).
5. To adhere to policies and practices that prohibit discrimination based on race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility, and pay.
6. To adhere to income tax and Social Security withholding regulations.
7. To provide instructional materials and occupational guidance to the student.
8. To evaluate the student, in consultation with the WBL/YAP Coordinator, a minimum of once per grading period.
9. To provide time for consultation with the WBL/YAP coordinator concerning the student and to discuss any difficulties that may arise with the WBL/YAP coordinator.
10. To inform the WBL/YAP Coordinator before disciplinary action regarding the student's employment.
11. To pay the student \$ \_\_\_\_\_ per hour.
12. To be willing to provide a progressive wage scale to all youth apprenticeship students.
13. To adhere to all federal and state regulations, including child labor laws and minimum wage regulations.  
Students employed through a WBL/YAP program are not eligible for unemployment compensation. However, if an employer uses a WBL/YAP student beyond the last school day for this school year, then that student should be treated as a regular employee. That student may file unemployment compensation based on current labor laws.
14. WBL students may not be considered independent contractors and, for IRS purposes, can only be issued an IRS Form 1099 if the employer has provided proof to the WBL Coordinator of their status under section 530 of the IRS Code.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**The WBL/YAP Coordinator Agrees:**

1. To assist in the academic and occupational instruction of the student.
2. To conduct supervisory visits to the student's place of employment.
3. To render assistance with the student's educational and training problems.
4. To assist the work-based training supervisor in evaluating the student's performance at least once per grading period.
5. To maintain records pertinent to the student, the employer, and the school.

\_\_\_\_\_  
Work-Based Learning/Youth Apprenticeship Coordinator's Signature

\_\_\_\_\_  
Date



Student Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

**The Student Agrees:**

1. To be at least 16 years of age and to have a social security number.
2. To provide transportation to and from work.
3. To attend school and work regularly and sign in/out daily with WBL Coordinator. Students may only go to work after first going to school unless previously discussed with the WBL/YAP Coordinator. Failure to adhere to this part of the agreement will result in the student receiving appropriate academic and disciplinary action.
  - ✓ If a student is absent from school or work, the WBL/YAP Coordinator should be notified by 7:50 am and the work site should be notified by 10 am. **The STUDENT must EMAIL the coordinator AND contact the work site.**
  - ✓ **If the student goes to work without going to school and did not previously discuss the situation with the coordinator, 10 points per incident will be deducted from that grading period work-site evaluation.**
4. To discuss all aspects of the employment with the WBL/YAP Coordinator and the worksite supervisor—**not with other students, coworkers, etc.**
5. To represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. If the student is dismissed from employment due to negligence or misconduct, as proven by a school investigation, the student will be dropped from the WBL/YAP program and not receive credit.
6. Maintain a required GPA and work the minimum hour requirements for the program; failure to meet hours will result in a failing grade for the course:
  - 1-block release = 135 hours for the semester or 7.5 hours a week for 18 weeks
  - 2-block release = 270 hours for the semester or 15 hours a week for 18 weeks
  - 3-block release = 405 hours for the semester or 22.5 hours a week for 18 weeks
7. **Employment changes can only be made with prior approval of the WBL/YAP coordinator. (NO “job hopping”)** The WBL/YAP coordinator reserves the right to change the student’s employment situation if necessary. **If the student quits his/her job, is laid off, or switches jobs without the approval of the coordinator, he or she may be dropped from the program.** The student will then remain on campus in a designated location for the remainder of the school day (example: ISS, placed in another class, remain in the coordinator’s classroom, or be assigned to working somewhere within the school).
8. To be aware that employment in the WBL/YAP program **DOES NOT** qualify a student to receive unemployment compensation.
9. **To be aware that the assignments in Google Classroom are REQUIRED to remain in WBL. Classwork is how the student earns credit. The student must be responsible in turning in assignments that are due by the date they are due: (Leaving campus is a PRIVILEGE that can be taken away)**
  - **Timecards** (indicating what hours you have worked throughout the previous month)
  - **Paystubs** (timecards signed by employer)
  - **Soft Skills and Hard Skills** assignments
  - **Employer Evaluations:** (evaluations will be sent to work-site supervisor/mentor a minimum of once per grading period)
  - **Student Portfolio** (compilation of ongoing assignments that will count as final exam)
  - **Any assignments not turned in on time will have points deducted daily (10 points per day for 5 days). If work is not turned in by the 5th day after it is due, the student will remain in ISS during work release time until work is submitted – the deducted points will remain)**
  - **Any assignment that must be signed by an employer or a parent that is forged will automatically be entered as a zero and the student will receive discipline actions according to the student handbook (Rule 32) Academic Dishonesty.**
10. To be a member of the co-curricular club that best matches the area of employment:
  - FCCLA—Family and Consumer Science
  - FFA—Ag/Automotive/Construction
  - FGE--Education
  - HOSA—Health/Clinical
  - SkillsUSA—All areas

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

Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

**The Parents/Guardian of the Student Agrees:**

1. To encourage the student to carry out their duties and responsibilities effectively at both the school and place of employment.
2. To assume full responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to work; likewise, from when he/she leaves his/her job until he/she arrives home.
3. To inquire about the student's training, wages, or working conditions through the WBL/YAP coordinator rather than directly to the employer, regardless of your relationship with the employer.
4. To understand that the student must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously approved by the WBL/YAP coordinator.
5. To understand that the student must work a minimum of hours per week that meet the equivalent amount of time that would have been spent in the classroom. (7.5 hours per class, per week) **If the student fails to meet the required work hours for the semester, he/she will receive a failing grade for the course.**
6. The student should be responsible for the following, but **remind the students** to complete the following when absent:
  - If a student will be absent from school or work, the WBL/YAP coordinator should be notified by 7:50 a.m. and the work site should be notified by 10 a.m. **The student must EMAIL the coordinator and contact the work site.**
  - **If a student goes to work without going to school without discussing the situation with the coordinator, 10 points per incident will be deducted from that grading period work-site evaluation.**
7. To provide transportation to and from work for my child.
8. To understand that my child must be covered by an automobile accident and health insurance to drive to and from work and be a part of the WBL/YAP program.
9. To aid the WBL/YAP coordinator, serve as a resource person, and aid in other ways that could benefit the school and the student.
10. To allow the release of student records regarding academic performance, attendance, and discipline for employment and program follow-up.
11. **To encourage the student to complete all work ON TIME. The assignments in Google Classroom are REQUIRED to remain in WBL. Classwork is how the student earns credit. The student must be responsible in turning in assignments that are due by the date they are due: (Leaving campus is a PRIVILEGE that can be taken away)**
  - **Signed Timesheets** (indicating hours worked the previous month, signed by supervisor)
  - **Soft Skills and Hard Skills** assignments
  - **Employer Evaluation:** (evaluations will be sent to work-site supervisor/mentor a minimum of once per grading period)
  - **Student Portfolio** (compilation of ongoing assignments that will count as final exam)
  - **Any assignments not turned in on time will have points deducted daily (10 points per day for 5 days). If work is not turned in by the 5th day after it is due, the student will remain in ISS during work release time until work is submitted – the deducted points will remain)**
  - **Any assignment that must be signed by an employer or a parent that is forged will automatically be entered as a zero and the student will receive discipline actions according to the student handbook (Rule 32) Academic Dishonesty.**

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date



Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## PARENTS: Please initial EACH request to indicate your consent:

\_\_\_\_\_ I have read and understand the student handbook including the grading and other expectations of my student.

\_\_\_\_\_ The student must have a job for the first semester by August 06, 2024, or by January 08, 2025, for the second semester. If, at that time, a student is still unemployed, they will be enrolled in a regular class. If unemployment occurs during the year and lasts more than two weeks, the student may not receive credit for the block(s) they are enrolled in WBL. Additionally, the WBL/YAP student will not be scheduled for another class. Termination will require a conference between the student, parent, and coordinator.

\_\_\_\_\_ **Transportation Consent:** (School-provided transportation is not available to work sites.)  
I hereby give my son/daughter/ward permission to drive to their designated work site. I expressly release the Work-Based Learning Program work site, local school, and the Lanier County School District and any agents of the employer or the school district from any liability that may result from my son/daughter/ward's use of his/her individual transportation.

\_\_\_\_\_ **Photo/Media Release:** I hereby give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by Lanier County School District or their designee. I understand that any photographs, audio recordings, and/or video recordings become the property of the local school/district/designee and may be used by the school, district, or others with the consent, for educational, instructional, or promotional purposes determined by the district in broadcast and media formats now existing or to be created in the future.

\_\_\_\_\_ **Student Record Release:** I authorize the by Lanier County School District to release my son/daughter/ward's academic and attendance records to any potential employer and I agree that the Lanier County School District and its agents will be absolved of any responsibility in connection with such release. This authorization can be cancelled at any time by written notice to the Work-Based Learning Coordinator.

### Health/Medical:

\_\_\_\_\_ **Treatment Consent:** I hereby authorize the school or the Work-Based Learning Coordinator or work-site mentor to secure emergency medical treatment. I will assume all financial responsibility.

\_\_\_\_\_ **Insurance: Health Insurance Company:** \_\_\_\_\_ your student is covered under. Coverage is required for all students enrolled in Work-Based Learning.

\_\_\_\_\_ Employers may require prospective employees to participate in drug screening procedures. In such cases, this procedure becomes a condition of participation/employment. I hereby consent to required drug screening of my child or ward as a condition of employment and subsequent drug screens as dictated by the company's drug policy.

\_\_\_\_\_ Employers may require a physical examination and/or tetanus or tuberculosis vaccination. I consent to a company required physical examination and/or company required vaccinations as a condition of my son's, daughter's or ward's employment.

Having read with understanding the above, I hereby give my consent to the enrollment of my son/daughter/ward in the Work-Based Learning program:

Printed Name of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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



**STUDENT NAME:** \_\_\_\_\_

**CELL #:** \_\_\_\_\_

LCCHS's WBL/YAP Business Partner Handbook was created to help each WBL/YAP mentor gain the most significant possible benefit from the WBL/YAP experience. It is essential that every mentor understands the contents of the partner handbook and is encouraged to follow the rules and guidelines outlined. Please sign this form and return it to the WBL/YAP coordinator. Your signature acknowledges receipt of a copy of the WBL/YAP Business Partner Handbook and indicates that you understand the responsibilities outlined in the booklet.

Mentor Printed Name \_\_\_\_\_

Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_

As a Lanier County High School WBL/YAP student, you may be required to handle material of a confidential nature. In general, you should treat, as confidential, anything that is not common knowledge, or has not been published. Please respect the trust the worksite has placed in you by handling **ALL** such information in a **careful and discrete** manner. **NEVER** divulge worksite or client information to outsiders, including family members, friends, the media and/or government representatives **without prior approval** from the Lanier County High School WBL Coordinator or worksite mentor.

Contact the LCHS WBL Coordinator or your mentor when you are in doubt about any matter relating to confidentiality of material. Failure to comply with this directive is grounds for dismissal from the Lanier County High School Work-Based Learning Program.

**I have read the above policy on confidentiality and understand the consequences for noncompliance and therefore agree to comply with this confidentiality agreement.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**THIS SECTION FOR  
STUDENTS WORKING IN  
LANIER COUNTY SCHOOLS ONLY**

As a student in the education system, I will not discuss any of the following except with the proper personnel at appropriate times:

- Student records and information
- Students who are in classrooms that are being observed/visited
- The progress of students who are in classrooms that are being observed/visited (i.e. records, tests, portfolio assessments, disciplinary records, health records, legal issues)
- School personnel in schools being visited
- Policies and/or procedures of schools and classrooms being observed/visited.

**I understand that a breach of this agreement could result in dismissal from the WBL Program.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_