EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION INTERLOCAL DISTRICT #614

(785) 594-2737

USD 348- BALDWIN

USD 491- EUDORA

USD 289-WELLSVILLE

Date:	Work Site:
Student:	Work Address:
School: BHS EHS WHS	Work Supervisor:
Teacher:	Work Phone:

This agreement is to confirm the plans made to provide work experience training at the above site. We the undersigned agree to the following:

Anticipated Duration:	
Job Title:	
Beginning Wage if Paid:	*******
·	
	Job Title:

Responsibilities of the worker:

- 1. Attend work as scheduled.
- 2. Arrive to work on time.
- 3. Do not leave early or request to leave early.
- 4. Follow the employer's or job coach's instructions.
- 5. Get along with all supervisors and co-workers.
- 6. If you have to miss a day or work, you must call in ahead of time according to company policy.
- 7. Communicate with job coaches or teachers if you are going to be absent.
- 8. If you don't communicate with your employer or teacher, you may be docked.
- 9. If too many days are missed, you may fail the work experience program.
- 10. You MUST go to work AND school every day.
- 11. Always stay busy on the job. Find work to do. Use your initiative.

Student Signature:	Employer Signature:
Parent Signature:	Job Coach Signature:
Teacher's Signature:	Vocational Coordinator Signature:

EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION INTERLOCAL DISTRICT #614 (785) 594-2737

USD 348- BALDWIN

USD 491- EUDORA

USD 289-WELLSVILLE

I give permission for my son/daughter to participate in the community based training sites through East Central Kansas Cooperative in Education.		
Transportation to and from the training site will be furnished during the school day if the student has no transportation.		
My child may leave the school campus in connection with this program. I will not hold the school or driver responsible in case of an accident to and from the training site or at the training site.		
Parent Signature:	Date:	
East Central Kansas Cooperative in Education has my permission to use my child's picture and/or comments for the benefits of the program. YES NO		
Parent Signature:	Date:	
In case of an accident at the worksite, I give the representative of East Central Kansas Cooperative in Education or the training site supervisor permission to take whatever medical assistance is necessary for my child. All means possible will be taken to contact the parent before medical aid is given.		
List a phone number where you can be reached during school hours:		
Parent Home Phone:	Dad Work Phone:	
Mom Work Phone:	Dad Cell Phone:	
Mom Cell Phone:	Other:	
Insurance Company:	Insurance Phone Number:	
Insurance Group #:		
Parent Signature:	Date:	