

Work-Based Learning Application

Student's Name _____

List current extracurricular activities:

Do you have any personal or family obligations, which would prevent you from meeting a job commitment?

Please circle one: YES NO

IF YES, describe:

Student Career Development Goals/Assessment

A. Identify your primary career objective.

Are there any other careers that interest you? If so, please list:

B. Why do you want to participate in this program? Please include special skills, talents, etc. that qualify you.

Student's Signature _____ **Date** _____

Work-Based Learning Program Parent/Guardian Consent Form

Enrollment Consent: I consent to the enrollment of _____ my son/daughter in the work-based learning program.

Transportation Consent: (School-provided transportation to work-based learning work site is not available.) I give my son/daughter permission to drive/car pool to his/her work site. I expressly release the work-based learning work site and the Fulton County School System and any agents of the employer or the school system from any liability that may result from my child's use of his/her individual transportation.

_____ **YES** _____ **NO**

Field Trips/Class Projects: Permission is granted for my son/daughter to participate in field trips and class projects associated with work-based Learning. (Transportation to work-related field trips will be provided by the school system.)

_____ **YES** _____ **NO**

Photo/Media Release: Permission is granted to photograph/videotape/interview my son/daughter for promotional and educational purposes.

_____ **YES** _____ **NO**

Student's Record Release: I authorize the Fulton County School System to release my son's/daughter's academic, discipline, and attendance records to any potential employer, and I agree that the Fulton County School System 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 school system representative.

_____ **YES** _____ **NO**

Treatment Consent: I authorize the school or the work-based site employer to secure emergency medical treatment for my son/daughter.

_____ **YES** _____ **NO**

Insurance: Health Insurance Company _____

(If student is not covered by medical insurance, parent/guardian agrees to purchase insurance through the school insurance program.) _____ **YES** _____ **NO**

Automobile Insurance _____ **YES** _____ **NO** Company _____

Screening for Illegal Substance Use: Some employers require prospective employees to participate in drug screening procedures as a condition of employment.

I understand that my signature indicates that I have read and understand all of the above information.

Parent's/Guardian's Signature & Date

Student's Signature & Date

Equal opportunity employer and service provider
Reasonable accommodations and modifications made for the disabled. 404-763-4585 TTY 1-800-255-0135

**Fulton County School System
Work-Based Learning Application
Teacher Recommendation Form**

Student's Name _____ School _____

Counselor _____

The following evaluation grid is provided for those who know the student well enough to give an accurate

assessment of him/her. It should provide a convenient method to describe the candidate in summary fashion. Use

the rating criteria chart below to rate each trait.

Trait	5	4	3	2	1
Initiative/Motivation					
Dependability					
Leadership					
Self-confidence					
Responsibility					
Honesty					
Effort					
Flexibility					

Rating Criteria		
5	Consistently Exhibits Trait	Always demonstrates trait appropriately: demonstrates predictable responses in all situations
4	Often Exhibits Trait	Frequently demonstrates the trait appropriately; Demonstrates predictable responses in most situations
3	Inconsistently Exhibits Trait	Erratically demonstrates the trait, sometimes inappropriately; demonstrates predictable responses in some situations
2	Seldomly Exhibits Trait	Rarely demonstrates the trait; demonstrates unpredictable responses in most situations
1	Does not Exhibit Trait	Never demonstrates trait

I recommend / I do not recommend the above student for the work-based program.

(circle one)

Teacher's Signature

Date

Subject(s) Taught

If applicable, please attach reasons for any of your ratings to assist us in evaluating the candidate.

Return form to: _____

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