



**CLEARVIEW SCHOOL DIVISION NO. 71
(CLEARVIEW PUBLIC SCHOOLS)
APPLICATION FOR APPROVAL OF WORK SITES/STATIONS**

School Jurisdiction: _____ School Year: _____
School: _____ Date: _____
Address: _____ School Code: _____
_____ Postal Code: _____ Phone No. _____
Work Experience Teacher-Coordinator: _____ Phone No. _____

PROGRAM TYPE (Please Check):

- I. Work Experience 15/25/35 AO IOP Special Project Credits Work Study Associated with a Course
- II. Special Education Registered Apprenticeship Program

1. Procedures associated with the approval of work experience programs are presented in the **Guide to Education - Junior and Senior High School Handbooks** and require that **this form** be completed by a school offering or intending to offer a Work Experience Program and signed by the **Superintendent of Schools or Designate**. This signature attests that the district's Work Experience Program has been approved by the local board.

2. I affirm that parental or guardian consent shall be obtained on the student's behalf and that a student-employer agreement shall be signed by both parties and the parents of under-age students, and that this agreement shall be on file at the school attended by the student before the student is placed at the work station.

* Superintendent or Designate (Please Print): _____

Date: _____ Signed: _____
*Superintendent or Designate