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

**Madison County Schools
Work Based Learning
Parent/Guardian Consent Form**

**Home School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Permission to Participate** |
| Yes \_\_\_\_\_ | No \_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) may participate in our Work Based Learning (WBL)program as specified in the Training Agreement and Training Plan, and related coursework which will be completed once he/she is approved at an assigned WBL site. |
| **Permission to Travel** |
| Yes \_\_\_\_\_ | No \_\_\_\_\_ | As the parent/legal guardian of the above-named student, I hereby consent that he/she may drive a private vehicle for WBL purposes. I acknowledge that he/she is licensed to drive under the laws of the State of Mississippi and agree to advise the school immediately if his/her driving privileges are suspended, revoked, or have expired without a timely renewal.  |
| Yes \_\_\_\_\_ | No \_\_\_\_\_ | As the parent/legal guardian of the above-named student, I hereby consent to allow him/her to ride with another student for WBL purposes. |
| Yes \_\_\_\_\_ | No \_\_\_\_\_ | As the parent/legal guardian of the above-named student, I am aware that the WBL schedule allows for early dismissal at the end of third and seventh blocks. I understand that my child is to leave campus within ten minutes of the early dismissal. I understand that remaining on campus without permission or loitering in the halls during early dismissal periods are grounds for early dismissal privileges to be revoked. |
| **Vehicle Verification** |
| *Please complete the following information.* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Driver License #  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Automobile Make/Model/Year |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number |
| **Medical Authorization and Insurance Information** |
| Yes \_\_\_\_\_ | No \_\_\_\_\_ | Should it be necessary for my son/daughter to have medical treatment while participating in this program, I hereby give Madison County Schools and/or the WBL site personnel permission to use their best judgment in obtaining medical services 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 the WBL site personnel, if needed. |
| *Please complete the following information:* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Health Insurance Company  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Policyholder |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number(s) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Medical Provider |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Provider Phone# |
| Yes \_\_\_\_\_ | No \_\_\_\_\_ | Does your son/daughter require any special accommodations because of medical limitations, disabilities, or other restrictions? If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Waiver** |
| I hereby agree to waive and release all rights that I, my child, or our representatives may have to make claim against Madison County Schools and the WBL sites or their respective officers, employees, or representatives arising from injury or damages, including attorney fees, that may result from my child’s participation in the WBL program. I further agree to indemnify and hold harmless Madison County Schools and the WBL sites and/or their respective officers, employees, or representatives from any claims, including attorney fees, which I or my child might make, or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child’s participation in the WBL program. |
| **Local District Rules and Regulations** |
| WBL is a school course; therefore, student will not accept a placement unless he/she intends to keep it the entire school year. Weekly student reports from the worksite will keep the WBL coordinator informed of the student’s progress. |
| Employment must be obtained withing the first 2 weeks of school. Credit for the course will be as follows: |
| **Completed Work Experience Hours per WBL Course Enrolled** | **Credits Earned** |
| 70 – 139 hours | 0.5 |
| 140 – 279 hours | 1.0 |
| 280 hours and above | 2.0 |
| Employment is not promised but is required for the course. Student must work with the coordinator and go through the hiring process. MCS does not have authority over the employer that allows the student to train at their site. A work-site placement must meet the Mississippi Department of Education’s (MDE) criteria and local approval. |
| Student will be honest in all dealings concerning their employment regarding money, time, and merchandise, as well as communicating with the WBL coordinator, parents, supervisor, and employer. |
| Student will wear proper attire and be well groomed for the type of employment in which they are engaged. He/she agrees to work and perform all duties in a credible manner. |
| Student will keep WBL coordinator informed of all issues encountered at the worksite or in the classroom. |
| Student will immediately notify WBL coordinator in writing by email if they lose work-site placement. This may adversely affect the average for the course and could be cause for removal from the WBL program. |
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|  Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Parent/Legal Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Parent Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Madison County Schools and Madison Career and Technical Center do not discriminate on the basis of race, color, national origin, religion, sex, age, or handicapping condition.*