

# WORK STUDY PROGRAM CONTRACT

Current Grade: \_\_\_\_\_ Current Semester: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Phone Contact: \_\_\_\_\_

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

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

Parent/Guardian's Phone Contact: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone (including area code): \_\_\_\_\_

Type of work you will be doing: \_\_\_\_\_

Why do you need this program?: \_\_\_\_\_

What classes are you enrolled in at Skyline High School?

_____	_____
_____	_____
_____	_____
_____	_____

I understand that I must meet all my obligations of this contract. If I fail to do so, credit will not be given for current semester. New contracts must be returned at the beginning of each new semester.

**Please note: Employers will be contacted to verify employment.**

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

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

\_\_\_\_\_  
Employer's Signature Date

\_\_\_\_\_  
School Official's Signature Date

**Employment verification completed by:**

\_\_\_\_\_  
School Official Date