

PORTSMOUTH SCHOOL DEPARTMENT

OFFSITE LEARNING PROGRAMS

DATE _____

NAME _____

STUDENT APPLICATION

I. PROGRAM

Compensation ___ YES ___ NO

- ___ Cooperative Education
- ___ Work Education
- ___ Service Learning
- ___ Internship/Mentorship
- ___ Apprenticeship (Registered)
- ___ Other

If **yes**, working papers if under 18 years? ___
If **no**, approval form for nonpaid activities completed? ___

II. STUDENT INFORMATION

STUDENT

Name _____ Student ID# _____

Address _____

Telephone _____ Social Security _____ # Grade _____

PARENT/GUARDIAN

Name _____

Address _____

Place of Employment _____

Work Telephone _____ Home Telephone _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Work Telephone _____ Home Telephone _____

III. SITE INFORMATION

Company/AgencyName_____

Address_____

Telephone_____

Fax_____

Federal ID # _____

Number of Employees_____

Title of Student's Position

Machinery Operated by Student (List Model Name & Number)

Hazardous Equipment, Materials, Conditions_____

Transportation_____

Anticipated Dates of Employment/Participation _____ to _____

Weekly School Hours_____ Weekly Hours at Site_____

Hourly Rate (if applicable)_____ *Working papers must be on file if under 16 years of age.*

One-quarter credit to be earned each term.

IV. INSURANCE AND DEPARTMENT OF LABOR COMPLIANCE

Work site is subject to *(please check **all** that apply)*:

___ Youth Employment Law

___ Workers Compensation

___ Fair Labor Standards Act

___ Unemployment Compensation

___ State of NH Minimum Wage Law

___ Hazardous Occupation

___ General Liability

___ Property Insurance

___ Auto Insurance

Employer's Signature:_____ Date:_____

V. PARENTAL AND STUDENT AUTHORIZATION

Upon approval of this application, the student will be a participant in the above noted program. In the course of this program, it may be necessary for the student to spend time away from his/her assigned school during the regular school day, or to spend time after school, on weekends or in the evenings while participating in this program. In addition, I grant permission for my son/daughter to participate in various school-to-life experiences throughout this school year. As indicated below, the student will be permitted transportation as designated. In addition, upon approval of this application, the student and his/her parent or guardian agree to abide by the rules of the Portsmouth School Department and the School to Work Program Code of Ethics, and memorandum of understanding. This program may be terminated at any time by the school, student, or participating agency or employer.

Since many off-site activities include the use of private vehicles, please designate which methods are acceptable to the parent or guardian by circling the number:

1. Your child may be a passenger in a school vehicle.
2. Your child may be a passenger in a faculty member's vehicle.
3. Your child may be transported in a city licensed taxi cab or other manner of public conveyance.
4. Your child may use his/her own car. *A completed Transportation Waiver and Release and certificate of insurance must be attached.
5. Proof of insurance is required of all drivers of private vehicles in which Portsmouth students are transported in the following amounts:

Bodily Injury/Liability	\$100,000 per person \$300,000 per occurrence
Property Damage	\$100,000

*Portsmouth School Department insurance is treated as excess coverage and secondary to the above coverage.

I have read and understand the information regarding this off-site learning program and give my approval for participation.

Student's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

VI. APPROVAL

Advisor/Teacher _____

Date _____

Director _____

Date _____

When Approved Copies to: Portsmouth High School Career Center
Participating Employer

PORTSMOUTH SCHOOL DEPARTMENT

OFFSITE LEARNING PROGRAMS

NAME _____

CODE OF ETHICS

1. The School to Work Programs are a part of the school curriculum. I am, therefore, subject to the rules in the PHS handbook. If the rules at the job site are different, I shall, of course, follow the rules at the worksite.
2. I will be participating in the _____ program.
3. I will not accept a training job unless I intend to keep it.
4. I will report for work at the scheduled time. If I find that I am unavoidably detained, ill, or unable to report to work, I will always inform my employer before starting time.
5. I will not work on any school day that I fail to attend school.
6. I will dress in accordance with my employer's standards.
7. I will be honest with money, merchandise, time, and effort.
8. I will perform an honest day's work and will strive at all times to do the best job possible.
9. I will not make or receive unnecessary personal telephone calls. Neither will I receive visitors on the job.
10. If the job jeopardizes my studies, physical health, or emotional well being, I will consult the coordinator and my employer before making a decision to resign.
11. If I quit my job or change jobs without consulting the coordinator, I know that I will automatically be dropped from the program with loss of all credit.
12. I agree to keep all information regarding my employer and his/her business in strict confidence.
13. I understand that I will not receive a passing grade for the work education if I receive a grade of E or F in the related class.
14. If I am participating in the School to Work Program and if I work an average of 10 hours/week, receive a passing evaluation from my employer, and pass the related PHS program, I will receive 1/4 credit each term.
15. I realize that to be dishonest or to fail on my job reflects not only on me, but on the school and the School to Work Program. Therefore, I agree to uphold this Code of Ethics in order to maintain my reputation and the reputation of the school.

Signature of Student

Date