# Request for Work Release
## *Wall High School 2024-2025*

**WORK RELEASE REQUIREMENTS:**

- Student must be a senior.
- Student must submit this form by August 30th. Any student looking to add work release for Semester 2 must submit this form by January 24th.
- Student must maintain a minimum of a 20 credit course load at WHS.
- Student must be employed 20 plus hours each week during the school year. In the event the student becomes unemployed or changes jobs, then he/she must notify the guidance counselor immediately.
- Student must be making adequate progress to meeting all graduation requirements.
- Student is responsible for his/her own transportation.
- When WHS has a scheduled delayed opening or partial day due to testing or other scheduled events, the student is responsible for rearranging his/her work schedule to attend WHS. **No exceptions**.

*Note*: *The school may end this agreement if the student ends employment, fails to attend WHS classes on a regular basis, does not continue to make progress toward meeting graduation requirements, does not adhere to with work release agreement, or is declared ineligible under school rules.*

**Student Name** (please print) _____ Cell # _____

❑ Check here to indicate that you have read and understand the work release requirements listed above.

_____
*Student Signature*

**Parent Name** (please print) _____

❑ Check here to indicate that you have read and understand the work release requirements listed above. You are in agreement that your child will participate in a partial day, senior year schedule resulting in late arrival and/or early release.

_____
*Parent Signature*

**EMPLOYER SECTION**

Name of Business _____

Address _____

Name of Supervisor _____

Supervisor Email _____

Supervisor Phone Number _____

❑ Check here to indicate that you have read and understand the work release requirements listed above.

_____
*Signature of Employer*

*\*Once the above portion of this form is completed turn it into your guidance counselor for approval\**

School Counselor _____ Date _____

Director of Guidance _____ Date _____

❑ Approved          ❑ Denied