

Solanco High School Senior Work Program

The Work Study Program is an opportunity for seniors who have earned a minimum of 21 credits.
No credit is earned for work study.

Eligibility requirements:

- A minimum of 21.00 credits by fall of senior year and/or a minimum 23.50 credits by spring semester senior year.
- 90% attendance rate for 3 years.
- Documented evidence of employment.
- No Out-of-School Suspensions in junior year.
- Proficiency on Keystones in Algebra, Literature and Biology.

Academic requirements:

Student will take and pass all courses required for graduation.
Including but not limited to: English, an extra core credit, and a graduation project course

Schedule of the program:

Students will attend required courses at the High School. Every effort will be made to accommodate students work schedules. Students may come late or leave early for work.

Responsibility for the program:

- Students are responsible to pass all courses necessary for graduation.
- Students are responsible for acquiring and maintaining employment.
- Random check-ins will happen throughout the year to verify the student is in good standing with his/her employer.
- If the student loses employment** then he/she will return immediately to a full schedule at the high school. The student must successfully pass all subjects in order to graduate. (This is the same requirement as in the Internship Program.)

I have read and understand the requirements of the Work Study Program and agree to abide by all of the conditions of the program.

Student Name (print) _____ Date _____

Student Signature _____ Date _____

Parent Name (print) _____ Date _____

Parent Signature _____ Date _____

The following information needs to be filled out completely prior to the student starting their Senior Work Program.

Student Information:

Student Name: _____

Address: _____

Phone Number: _____

Emergency Contact: Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Insurance Carrier: _____ Policy Number _____

Parent/Guardian Signature: _____

Employer Information:

Place of employment: _____

Address: _____

Phone Number: _____

Email address: _____

Supervisor/Contact person: _____

Number of hours student will be working a week: _____

Supervisor Signature: _____ Date: _____

Approval _____ Disapproval _____

Counselor Signature: _____

Principal Signature: _____