|  |
| --- |
| School:       |
| School Code:       | School Year:       |
| Teacher/Coordinator:       |
| Phone #:       | Date of Submission:       |
| School Comments:       |
|  |
|  |

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| --- |
| PROGRAM DESIGNATION (Check as appropriate) |
| Work Experience 15, 25, 35 | [ ]  |  | Special Projects Credits | **[ ]**  |
| Special Education  | [ ]  |  | Youth Internship | **[ ]**  |
| Work Study | [ ]  |  | Registered Apprenticeship | **[ ]**  |
| Job Shadowing | [ ]  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **[ ]**  |
| Green Certificate | [ ]  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **[ ]**  |  |
| This program has been approved by Rocky View Schools and meets the requirements outlined in the applicable *Guide to Education* and AP216.Parental or guardian consent shall be obtained on the student’s behalf and the student-employer agreement shall be signed by both parties and the parents of underage students. This agreement shall be on file at the school attended by the student before said student is placed at the work site or station. |

#### Approvals:

|  |
| --- |
| Principal (Print Name):       |
| Principal Signature: | Date:       |
| Superintendent or Designate (Print Name):       |
| Superintendent/Designate Signature: | Date:       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Workplace Name | DateInspected | Employer Supervisor Name | Address | Email | Phone |
|       |       |       |       |        |       |
|       |       |       |       |       |       |
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| The Work Sites/Stations have been visited and approved by the teacher: |  |  |
|  |  | Teacher |
|  |  |  |
| Superintendent/Designate Signature |  | Date |

**Please return this form to the Director of Learning Services before September 30.**

*Reference:*

* AP216 Off-Campus Education
* Off-Campus Education Practice Guide