

Student Enrollment and Training Agreement

Will be on file at Mountain Oaks – PRINT ALL INFORMATION EXCEPT SIGNATURES

For Student to Complete

Minor's Name (Print last name first)	Social Security Number	Home Phone	
_____	_____	_____	
Street Address	City	State	Zip
_____	_____	_____	_____
Date of Birth	Age, if under 18	Grade	
_____	_____	_____	

Student objectives:

- Learn as much as possible about how to get a job, how to keep a job, how to leave a job properly,
- Obtain a school-issued work permit before starting employment if under 18 years of age,
- Complete the requirements for participation at Mountain Oaks School,
- Maintains regular attendance at school and on the job site,
- Reports hours and completed course work on a weekly basis,
- Works at least 10 hours a week,
- Informs work experience coordinator of any changes in job site situation(i.e. change of supervisor)
- Arrange job site changes in advance with Mountain Oaks School.

For Employer to Complete

Business Name	Business Phone Number		
_____	_____		
Street Address	City	State	Zip
_____	_____	_____	_____
Workers' Compensation Carrier:			

Training Agreement, the Employer:

- does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, color, national origin, ancestry, age, physical handicap, or medical condition,
- pay at least minimum wage with printed pay stub at least once monthly,
- provides reasonable assurance of employment for at least 10 hours a week for student during times allowed by law during period student is enrolled in WEE,
- provides training in the skills and attitudes appropriate to the job,
- will notify the work experience coordinator if the student is not fulfilling his or her part of the agreement,
- expects the work experience coordinator and mentor teacher to visit the job site at least once each a semester

Supervisor's Name (print or type) _____

Supervisor's Signature:

Date _____

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For Parent to Complete

This Minor is being employed at the place of work described with my full knowledge and consent. I certify that, to the best of my knowledge, the information herein is correct and true. I will assume full responsibility for transportation to and from the place of employment. I understand the requirements of the work experience education program and will notify Mountain Oaks School of any changes in the work experience situation.

Student may ___ may not ___ (check one) work after 10:00 p.m.

Number(s) to call in case of emergency: _____

Name of Business: _____

Signature of Parent or Legal Guardian: _____ Date: _____

For School to Complete:

School Name Mountain Oaks School Phone # (209) 754-0532

School Address: PO Box 1209 San Andreas, CA 95249

TYPE: Work Experience Education _____ Vacation _____ Year-Round _____

Other (Specify): _____

School:

- provides support for student, parents and employers in work experience related issues,
- communicates with employer and parents about academic and job performance,
- provides a work experience coordinator to supervise the program, maintain regular contact with employers,
- grants credit upon successful completion of the program on a semester basis,
- keeps files for students and mentor teachers.

Student Signature: _____ Date: _____

Work Experience Coordinator Signature: _____ Date: _____

Note: The Work Experience Program is a fully accredited program as defined by the Calaveras County Office of Education and supported by a plan of operation approved by the California State Department of Education. This program provides valuable training for students, allowing them school credit while becoming more competent employees and learning habits, skills and attitudes learned through supervised on-the-job activities. No person shall be excluded from participation in or denied the benefits this program on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability as defined by CCR 5.3.