

High School Name

UPS School to Work Online Permission and Release Form

Student Name: _____ DOB: _____

The student listed on this permission and release form will be attending classes at the UPS School to Work facility:

- Students will report to the UPS School to Work Facility Monday through Thursday by 8:00 am.
- Students will report to High School Name High School by TBA on selected Fridays for senior check-in, Backpack defense, and/or senior deadlines.
- Traveling to the UPS School to Work facility by
_____ Private Automobile _____ TARC Bus
- On days when JCPS is not in session, but you are scheduled to work, students are expected to arrive at work (UPS) at your scheduled time or contact your supervisor.
- Students are expected to follow all UPS School to Work requirements including the attendance policy.
- When students have completed their semester academic work for graduation requirements, they will be permitted to adjust their UPS work schedule to earn more hours as available.
- If students fail to make academic progress during the semester, they will be put on an accelerated study plan. If by March 1st, progress goals are not met then students will be scheduled into classes at high school name if applicable for the remainder of the year.
- If the student is terminated from the UPS School to Work program (voluntarily or by cause), the student will be withdrawn from UPS/STW program and will return to high school name if applicable

Student Signature: _____ Date: _____

To be completed by the parent/guardian

I, parent/guardian of _____, hereby give permission for him/her to participate in the UPS School to Work Virtual Online Learning Program under the conditions listed above.

In consideration of the advantages of this on campus experience, I agree to release, indemnity, and hold harmless the Jefferson County Board of Education, its agents, and employees from liability for bodily injury or property damage that might occur during this trip. If my child has a medical condition that requires health services and/or medication(s) while on campus, I have communicated those needs to the school personnel.

Name of Parent/Guardian (print): _____

Emergency contact number : _____

Signature: _____ Date: _____