

2025-2026 Documentation Checklist

Student Name: _____

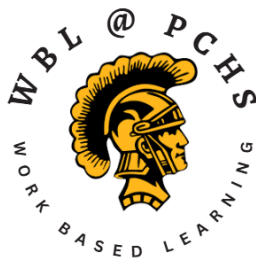
Each student will have the following forms properly signed and included in their WBL file. These forms are an IMPORTANT part of your work-based learning experience. You will receive a grade of 100 for turning in the signed forms on time. **ALL blanks should be filled in, or use N/A if not applicable to you.**

ALL signed and completed forms are due by: _____

The following items are in this packet. Check off as you complete each task:

- _____ Student Information
- _____ CNET Information
- _____ Join Remind by sending a text message to phone number **81010** with the message: **@2526pchs**
- _____ Early Release Agreement/Syllabus
- _____ Insurance Verification Form
 - ☐ Printed copy of Driver's License, Auto Insurance, and Health Insurance Cards
- _____ Photography Consent Form
- _____ Individual Career Plan
- _____ Employer Letter
- _____ Safety Training Agreement
- _____ Educational Training Agreement (3 pgs)
- _____ Initial Training Plan
- _____ Disclosure Agreement
- _____ Handbook Verification Form
- _____ Employer Photography/ Logo Use Agreement
- _____ Orientation to Business Checklist
- _____ Teacher Recommendations (Forms must be from different teachers)

NO STUDENT CAN LEAVE CAMPUS FOR WORK UNTIL PAPERWORK IS COMPLETED AND SUBMITTED TO THE WBL COORDINATOR!!



Student Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Cell Phone #: _____ Birth Date: _____

Emergency Contact Name: _____ Phone #: _____

Who do you primarily live with? _____

Mother First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Cell Phone #: _____

Father First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

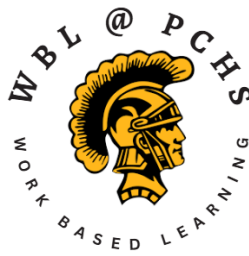
Cell Phone #: _____

Guardian First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Cell Phone #: _____



CNET Information

Student Name: _____

Graduation Year (Circle one): 2026 2027

WBL Placement Category: EMP SKILLS CO-OP INTERN YAP

Please print the following information neatly:

Business/Organization: _____

Business/Organization Address: _____

Business/Organization Phone #: _____

Supervisor Name: _____

Mentor Name: _____

Student Job Title: _____

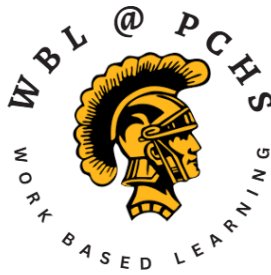
First Date of Employment: _____

Hourly Wage: _____

Typical Work Days (ex. Mon-Friday): _____

Typical Work Hours (ex. 4pm-8pm): _____

Average Hours Per Week: _____



Early Release Agreement

As a member of the work-based learning program at Peach County High School, your son/daughter will be leaving school in order to go to work. He/she will be receiving a unit of credit per release period for the program. It is the student's responsibility to be in class every day. He/she is not to go to work without attending school, nor go to school without going to work without prior approval from the work-site coordinator. The student is also responsible for following the Peach County High School's attendance policy.

We look forward to a successful year working with your son/daughter. If you have any questions concerning the program, please don't hesitate to contact the Work-Based Learning Coordinator.

It is understood that my son/daughter is being released early from school for the purpose of working at a paying job on an unpaid internship. In accepting the privilege of an early release, I/we agree to the following stipulations:

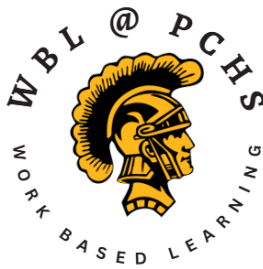
- ❖ The parents/guardians will arrange and be responsible for transportation for the student to and from work.
- ❖ The school assumes no responsibility for the student's safety to/from the worksite nor while on the worksite.
- ❖ The student will leave campus immediately after release from class and/or not be on the campus during their WBL release periods unless under the supervision of a specific teacher and approved **IN ADVANCE**.
- ❖ If, for any reason, transportation is unavailable on any day, the student will go directly to the coordinator's room and remain there until transportation becomes available or school is dismissed.
- ❖ The student must continue employment and will notify the instructor if employment is not continued.
- ❖ Students are required to sign out upon leaving campus and/or sign in upon arrival to campus for attendance purposes.
- ❖ If any of the above stipulations are violated or if the school considers termination of this privilege in the best educational interest of the student, the privilege may be revoked.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____



Insurance Verification Form

I understand that my student **must** be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

Automobile Accident Insurance

My student is covered by automobile accident insurance through the following provider. If the student is not/will not be driving, please provide the information based on who will be transporting the student.

Provider_____ Policy #_____

Address_____ City, State, Zip_____

Name of Insured_____ Phone #_____

Health Insurance

My student is covered by health insurance through the following provider:

Provider_____ Policy #_____

Address:_____ City, State, Zip_____

Name of Insured:_____ Phone #_____

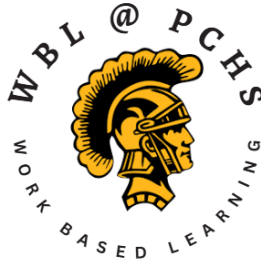
Health insurance is required for all WBL students regardless of job and employment location. Peach Care will provide low-to-no cost health insurance for uninsured students. Visit <https://www.peachcare.org/> for more information.

Parent/Guardian Signature:_____

Date:_____

Student Signature:_____

Date:_____



Work-Based Learning Program Photography Consent Form

Your child is a student of the Peach County High School Work-Based Learning Program (WBL). The school is proud of these students and would often like to take pictures or video footage of them at work or school. The photography will be used to promote the program including, but not limited to newsletters, on the WBL webpage, school/county webpages, school/county social media, and as part of the student's portfolio.

As the parent, we ask your permission to do such photography.

I, _____ (parent/guardian), give Peach County High School permission to use my child's photograph or photographic image in official Peach County High School business to include school webpage, newsletters, brochures, etc. I understand that photographic images or video may be used for news organizations and promotional purposes.

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentation, or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for PCHS representatives to photograph my child for school purposes and/or at school events and use the pictures as indicated above.

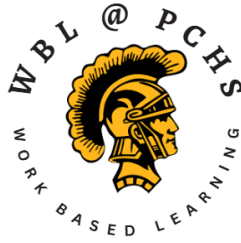
_____ No, I do not authorize PCHS representatives to photograph my child for any publication. I do understand that my child will be required to provide pictures for a portfolio assignment but these pictures will not be published in any public manner.

Parent/Guardian Name: _____

Parent Signature: _____

Student's Name: _____

Peach County High School thanks you for supporting our Work-Based Learning program. If you have any questions about the program, please contact Joseph Hinson, Work-Based Learning Coordinator at 478-825-8258 or email at joseph.hinson@peachschools.org.



Name _____

Individual Career Plan

CTAE Concentration (check the pathway that applies to your course of study)

- ☐ Agriculture, Food, and Natural Resources
- ☐ Architecture and Construction
- ☐ Arts, A/V Technology, and Communications
- ☐ Business, Management, and Administration
- ☐ Health Science
- ☐ Human Services
- ☐ Transportation, Distribution, and Logistics

What is your career goal? It should match your pathway.

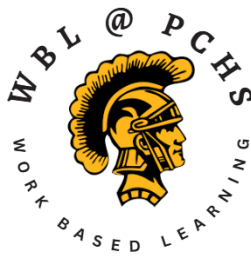
What post-secondary plans do you have following high school?

List three post-secondary educational institutions you are considering:

1. _____
2. _____
3. _____

Where do you see yourself in 5 years, related to your education and career goals?

Where do you see yourself in 10 years related to your education and career goals?



Employer Letter

Dear WBL/YAP Supervisor or WBL/YAP Mentor:

On behalf of the Work-Based Learning/Youth Apprenticeship Program in Peach County, I would like to thank you for your willingness to mentor and evaluate our students.

Each student must have an orientation to business, training agreement, and an initial training plan signed and on file. These forms will require your signature. The orientation to business form indicates the student has been oriented to the expectations of the job, the training agreement explains what is expected of all parties involved in this cooperative training program, and the training plan identifies tasks that the students are now performing or learning on the job.

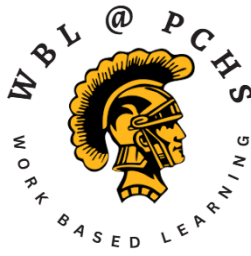
A student absent from school for the day shall only participate in the job that day if the coordinator has given them prior approval. If a student is absent, you may receive a call from the work-based learning/youth apprenticeship coordinator to confirm whether the student reports to work. Students have been informed that they are responsible for adhering to this policy and giving you advance notice of absences. I hope that these students will become more productive and dependable employees.

Periodically, I will bring you a job evaluation form to complete. You should be able to fill it out in approximately five minutes. Your comments about the student-employee are always critical. Thank you in advance for your cooperation. I hope you will find that Peach County High School's Work-Based Learning/Youth Apprenticeship Program students will do an excellent job for you. Please call if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'JHinson'.

Joseph Hinson
Peach County High School's WBL/YAP Coordinator



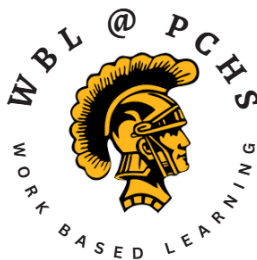
Safety Training Agreement

_____ (Student name), a student in the work-based learning/youth apprenticeship program at **Peach County High School** and an employee at _____ has completed the necessary safety training for the current position of employment. The employer certifies that the proper procedures related to the job requirements have been shown to the student and that in the case of an emergency, the student has been given instructions on how to resolve the situation. The student understands that failure to comply with these safety procedures may result in personal injury or injury to others. The student agrees to follow all the safety rules and regulations of the current employer.

Employer/Mentor Signature: _____ Date: _____

Student Signature: _____ Date: _____

WBL/YAP Coordinator Signature: _____ Date: _____



Educational Training Agreement

Student Name: _____

Circle Program: YAP Co-op Internship ESD

Start Date of Employment: _____

Business/Organization: _____

Phone: _____

Supervisor Name: _____ Title: _____

Mentor:: _____ Title: _____

Purpose of Document:

This document aims to form an agreement with the student, parent, employer, and coordinator of the WBL/YAP Program of Peach County High School. Each party will carry out the responsibilities delegated to them this school year.

The Student Agrees:

1. To be at least 16 years of age and to have a social security number.
2. To have passed three of four courses last year's second semester.
3. To maintain a C average at school and have a good attendance record.
4. To demonstrate acceptable behavior at school and the work site.
5. To assist the WBL/YAP Coordinator in finding an appropriate employment position related to the program's career focus area and the student's career objective.
6. To provide transportation to and from work.
7. To clock in with the WBL/YAP Coordinator using the Clock-in Application daily.
8. To arrive at work on time.
9. To NOT use my cell phone while at work.
10. To attend school and work regularly and only go to work after first going to school or without going to school unless previously discussed with the WBL/YAP Coordinator. Failure to adhere to this part of the agreement may result in the student receiving appropriate academic and disciplinary action. If a student is absent from school or work, the WBL/YAP Coordinator should be notified immediately.
11. I need to concentrate on the instructions that I receive from my employer and write down important details as I receive my instructions.
12. To discuss all aspects of the employment with the WBL/YAP Coordinator and the worksite supervisor— not with other students, coworkers, etc.
13. To take criticism without resentment and learn from constructive criticism.

14. To be neat and clean and dress appropriately for the work environment.
15. Always give my best effort by asking questions if I need help understanding directions or more information to do my job.
16. To represent the school and employer by demonstrating honesty, punctuality, courtesy, and a willingness to learn. Suppose the student is dismissed from employment due to negligence or misconduct, as proven by a school investigation. In that case, the student will be dropped from the WBL/YAP program and not receive academic credit.
17. To work a minimum of 7.5 hours a week for one work release block, 15 hours a week for two work release blocks, or 22.5 hours a week for three work release blocks. The student works each semester to earn one credit hour for each block.
18. I will notify Mr. Hinson and my employer before I am scheduled to attend work for that day when I plan to be absent; however, my absences should be limited to five or fewer absences per semester.
19. To inform my employer of any doctor and dentist appointments one day before that appointment.
20. To make employment changes only with the approval of the WBL/YAP Coordinator. The WBL/YAP Coordinator reserves the right to change the student's employment situation if necessary.
21. To be evaluated by the WBL/YAP coordinator and the Work-Based training supervisor at least three per grading period.
22. To not file for unemployment benefits.
23. To submit to the WBL/YAP coordinator a monthly record indicating total hours and salary earned.
24. To allow the release of student records regarding academic performance, attendance, and discipline for employment and program follow-up.

The Parents/Guardian of the Student Agrees:

1. To encourage the student to carry out their duties and responsibilities effectively at the school and place of employment.
2. To assume responsibility for the conduct and safety of the student from the time he/she leaves school until he/she reports to work; likewise, from when he/she leaves his/her job until he/she arrives home.
3. To assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job.
4. To understand that my child must be covered by an automobile accident and health insurance to drive to and from work and be a part of the WBL/YAP program.
5. To provide transportation to and from work for my child.
6. To inquire about the student's training, wages, or working conditions through the WBL/YAP coordinator rather than directly to the employer.
7. To understand that the student must attend school and work regularly and not go to work without going to school, nor go to school without going to work unless previously approved by the WBL/YAP coordinator.
8. To aid the WBL/YAP coordinator, serve as a resource person, and aid in other ways that could benefit the school and the student.
9. To allow the release of student records regarding academic performance, attendance, and discipline for employment and program follow-up.
10. To understand that my child is enrolled in the WBL/YAP program at Peach County High School and will be dismissed at the end of their regularly scheduled on-campus classes daily.

The Employer, Mentor, and Work-Site Supervisor Agree:

1. To provide various work experiences for the student that contribute to attaining their career objective.
2. To employ the student a minimum of 7.5 hours a week for one work release block, 15 hours a week for two work release blocks, or 22.5 hours a week for three work release blocks.
3. To employ the student during the school year (**July 29, 2024 to May 23, 2025**).
4. To adhere to policies and practices that prohibit discrimination based on race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility, and pay.
5. To provide instructional materials and occupational guidance to the student.
6. To evaluate the student, in consultation with the WBL/YAP Coordinator, a minimum of three per grading period.
7. To pay the student \$ _____ per hour.
8. To be willing to provide a progressive wage scale to all youth apprenticeship students.
9. To adhere to all federal and state regulations, including child labor laws and minimum wage regulations. Students employed through a WBL/YAP program are not eligible for unemployment compensation. However, if an employer uses a WBL/YAP student beyond the last school day for this school year, then that student should be treated as a regular employee. That student may file unemployment compensation based on current labor laws.
10. To adhere to income tax and Social Security withholding regulations.
11. To provide time for consultation with the WBL/YAP coordinator concerning the student and to discuss any difficulties that may arise with the WBL/YAP coordinator.
12. To inform the WBL/YAP Coordinator before disciplinary action regarding the student's employment.
13. WBL students may not be considered independent contractors and, for IRS purposes, can only be issued an IRS Form 1099 if the employer has provided proof to the WBL Coordinator of their status under section 530 of the IRS Code.

The WBL/YAP Coordinator Agrees:

1. To assist in the academic and occupational instruction of the student.
2. Conduct supervisory visits to the student's place of employment.
3. To render assistance with the student's educational and training problems.
4. To assist the work-based training supervisor in evaluating the student's performance at least three per grading period.
5. To maintain records pertinent to the student, the employer, and the school.
6. To adhere to policies and practices that prohibit discrimination based on race, color, national origin, sex, and handicap in recruitment, hiring, placement, assignment to work tasks, hours of employment, and levels of responsibility.

I have read Peach County High School's WBL/YAP Educational Training Agreement and will carry out the responsibilities delegated to the best of my ability.

Student Signature

Date

Parent/Guardian Signature

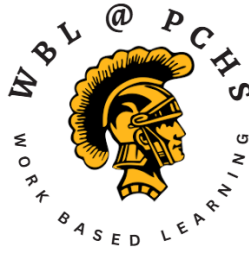
Date

Supervisor Signature

Date

WBL/YAP Coordinator's Signature

Date



Initial Training Plan

Student Name_____

Student Job Title_____

Business/Organization_____

Phone #_____

Supervisor Name_____

Supervisor Title_____

Start Date:_____

The employer's assigned mentor and the student employee will get together to develop ten (10) job duties that the student is responsible for on the work site. To provide the best learning experience for the student-worker, the employer agrees to provide a variety of work experiences that will contribute to the attainment of their career objective. Use the list on the right to create the student's job responsibilities . On the left, you will find a list of employability skills that we will also use to evaluate the student's growth.

Employability and Soft Skills <ol style="list-style-type: none"> 1. Shows respect to employer and other co-workers. 2. Works well and cooperates with others. 3. Demonstrates effective leadership skills. 4. Maintains appropriate personal appearance and follows dress code policy of the organization. 5. Displays efficient time-management skills when completing tasks. 6. Demonstrates effective verbal and written business communications skills. 7. Reports to work promptly when scheduled. 8. Demonstrates responsible behavior. 9. Produces quality work. 10. Displays honesty and integrity. 	Please list specific job duties that will be performed on the job: <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
---	--

Employee/Mentor Signature:_____

Date:_____

Student Signature:_____

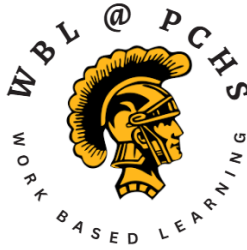
Date:_____

Parent/Guardian Signature:_____

Date:_____

WBL Coordinator Signature:_____

Date:_____



Work-Based Learning Confidential Disclosure Agreement

This agreement is entered into on **(day)** _____, **(mm/dd/yyyy)** _____, between **(student's name)** _____, of the Peach County High School Work-Based Learning Program, and **(business name)** _____ located at **(business address)** _____.

During the course of duty performance, the student will be working with and exposed to sensitive and confidential data and information that may be in verbal and nonverbal form. This includes but is not limited to documentation, comments, conversations, and observations.

The student agrees to keep all information and discussions to him/herself and to discuss no part of what may be observed with anyone outside of the assigned supervisor. This means that there should be no discussions with peers within or outside of the school environment, family, friends, other educators, or adults under any circumstances.

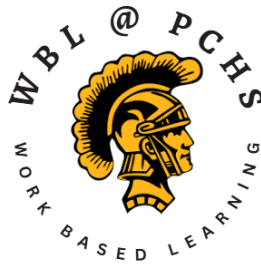
Failure to comply with the parameters and guidelines of this agreement may result in removal from the worksite opportunity, the work-based learning program, or both. Further consequences may be determined by the supervisor, school administration, and the work-based learning coordinator collaboratively. All consequences are garnered in accordance with the policy and procedure of each entity.

Student Signature: _____ Date: _____

Supervisor/Mentor Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Work-Based Learning Coordinator Signature: _____ Date: _____



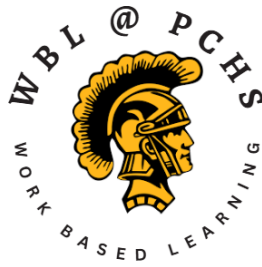
WBL/YAP Program Orientation & Handbook Verification Form

I understand that my child, _____, is enrolled in the WBL/YAP Program at Peach County High School. I attended the orientation, and I have received the handbook for the WBL/YAP Course. I understand the WBL/YAP course grading criteria and all sections in this handbook.

THE STUDENT MUST HAVE A JOB FOR THE FIRST SEMESTER BY AUGUST 7, 2024, OR BY JANUARY 07, 2025, FOR THE SECOND SEMESTER. If, at that time, a student is still unemployed, they will be enrolled in a regular class. If unemployment occurs during the year and lasts more than two weeks, the student may not receive credit for the block(s) they co-op with. Additionally, the WBL/YAP student will not be scheduled for another class. Termination will require a conference between the student, parent, and coordinator.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



WORK-BASED LEARNING PROGRAM Employer Photography & Logo Use Consent Form

The student presenting this is in the Peach County High School Work-Based Learning program (WBL). The school is proud of these students and would often like to take pictures or videotape these students at work. The photography will be used to promote the program including but not limited to newsletters, WBL webpages, school county webpages, school/county social media, and as part of the student's portfolio. We will make every attempt not to include any customers in any of the photography.

In addition, we would like to use your company name and logo so we can include this when we promote our business partners and what they/you do for the school, students, and the community.

As the employer of one of our students, we ask your permission to do such photography on your premises. If you grant permission, please sign below.

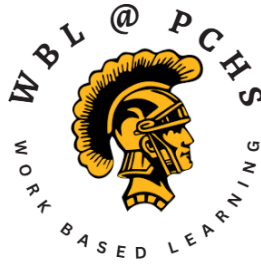
Peach County High School thanks you for supporting our Work-Based Learning program. If you have any questions about the program, please contact Joseph Hinson, Work-Based Learning Coordinator at 478-825-8258 or email at joseph.hinson@peachschools.org.

Name of Business: _____

Employer's Printed Name: _____

Employer's Signature: _____

Date: _____



WORK-BASED LEARNING PROGRAM

ORIENTATION TO BUSINESS CHECKLIST

Student: _____

Company Name: _____ Supervisor: _____

Directions: Be sure that your student employee obtains information about the following factors. Check the information on each item as it is completed. Return the completed form to the teacher/coordinator.

Task	Initial when/if Complete
1. Give student copies of printed materials	_____
2. Explain the company's history	_____
3. Describe the company's product line(s)/ service(s)	_____
4. Discuss company policies and procedures regarding:	_____
a. Hours of operation/work	
b. Overtime policies	
c. Pay periods	
d. Vacation policy	
e. Holiday policy	
f. Appropriate dress and grooming	
g. Safety rules	
h. Emergency procedures	

i. Procedures for absence

j. Parking

k. Procedures for arrival

l. Procedures for departure

m. Policies about use of telephone

5. Discuss employee benefits such as:

a. Discounts

b. Educational assistance

6. Describe the relationship of the department to the overall company

7. Discuss specific departmental rules including:

a. Breaks

b. Work schedules

c. Days off

d. Presence of food at work station

8. Introduce co-workers and describe:

a. Job responsibilities of co-workers

9. Show student her/his work station

10. Describe student's responsibilities

11. Explain the importance of the student's responsibilities to the organization

Student Signature _____

Date: _____

Employer Signature _____

Date: _____

Coordinator Signature: _____

Date: _____