School Year: 20___- 20___ 1st Semester _____

2nd Semester _____

PCHS Work-Based Learning Experience Application

- Completing all sections of the application is the first step toward consideration for participation in the WBL program.
- Requirements:
  - The student is entering their 7th or 8th semester of high school.
  - 2.8 GPA by the start of the 7th semester or end of junior year.
  - No more than three required credits for graduation remaining by the end of junior year
  - You may not have had OSS or ISI, or skipped Evening Detentions, junior year.
  - Positive attendance record.
- You must attach a job description form from the company.
- Submissions are due **May 15** for the Fall semester and **November 15** for the Spring semester.
- The administration will review your application, and you will receive notification of approval.

Student Name:_____ AGE and Date of Birth: _____

Student Phone Number:_____ Emergency Contact Phone Number:_____

Parent/Guardian Email:_____

Total credits to be earned by the end of Junior year:_____Overall GPA:_____

With what company have you secured a WBL experience?_____

Please explain your interest in the WBL Program and how the WBL will contribute to your future post-high school goals._____

_____

_____

List any high school classes you have taken or will take related to this field:

_____

What will your general WBL responsibilities be?

_____

_____

_____

Will this be a paid experience? YES / NO Starting Salary/Wage: _____

PCHS will approve up to two class periods of release, M-F, as specified by the student's WBL schedule. Students must provide PCHS with their schedule so that they can be released.

Which class hours will you need to be released from?_____

Please indicate the semester you plan to attend the WBL: 1st / 2nd / Both.

You are responsible for transportation to your WBL. Will this be an issue? Circle One: YES / NO
(If you do not have reliable transportation, you cannot participate in WBL)

(Continue to page 2)

Students, Read and Initial the Statements Below:
I UNDERSTAND THAT:

_____To be considered for the WBL program, I must complete all required Paperwork.
_____Completion of the PCHS WBL Program will result in 0.5 PCHS credits per period enrolled.
_____A letter grade will be assigned on the transcript and will count towards weekly eligibility.
_____If WBL does not require my attendance M-F, I will be expected to attend a PCHS study hall on non-WBL days/times.
_____PCHS may check my attendance and performance with my WBL supervisor (employer).
_____PCHS will not provide transportation to and from WBL.
_____I must maintain successful attendance and academic grades with no disciplinary issues to maintain participation in the WBL program.
_____I must finish course paperwork, monitor email and Canvas assignments, and maintain employment.
_____I must work with my PCHS counselor to create my schedule and meet all graduation requirements.
_____Any false or misleading information made on this application will automatically drop me from participation in the WBL program.
_____I will attend school and work. If I am too sick for school, I am too sick for work.

To Be Completed By Employer:

Please complete this section detailing the named student's WBL information.

Company/Organization of WBL:_____

WBL Supervisor's Name:_____Phone Number:_____

WBL Supervisor's Signature:_____Date:_____

WBL Supervisor's e-mail:_____

Street Address of WBL Site:_____

Start Date:_____End Date:_____ At work-site: AM or PM

Please circle the Business Partner's desired work arrangement: Days of the Week: M T W TH F
(We aim to have students on site and employ students between 10-20 hours per week)

I Understand That:

- Students must be pre-approved by PCHS for this program before being released from their daily school schedule for WBL.
- Students must secure their own WBL experiences and transportation.
- PCHS will not provide any transportation to and from the site.
- Students **MUST** maintain positive attendance and discipline records at PCHS.
- If you fail to meet these expectations, you will be removed from WBL and attend school on a reduced schedule.

Student Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

SCHOOL APPROVAL:

_____	_____	_____
Counselor	District Industry Liaison	Assistant Principal

jws 12.18.2024