

**VSHS WORK BASED LEARNING  
WORK STUDY I & II  
Registration Form  
Spring 2026**

Date \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Semester \_\_SPRING\_\_\_\_\_

Month/Year you began current job \_\_\_\_\_ Work Study I or II \_\_\_\_\_

**EMPLOYER INFORMATION**

Company \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Manager/Supervisor Name \_\_\_\_\_

Manager/Supervisor Email \_\_\_\_\_ Phone # \_\_\_\_\_

**Student Responsibility**

- Understand your job is an extension of your coursework at VSHS
- Maintain precise records of hours worked and ensure compliance with NYS Dept of Labor regulations
- Provide timesheets on a monthly basis and meet minimum of 150 hours for course credit (per semester)
- Keep the WBL Coordinator updated on job status and discuss any changes
- Complete monthly online Google Classroom assignments

**Employer Support**

- Provide students with experiences and opportunities that support their efficiency and success as an employee
- Validate hours worked by student by signing monthly timesheets
- Provide feedback on employee progress and performance one time per semester
- Comply with Federal, State and Local Labor Laws and Regulations

I \_\_\_\_\_, on \_\_\_\_\_ agree, as a condition of the VSHS Work Study Experience, to honor the responsibilities as stated above. I understand violations of the above responsibilities will cause my removal from the Work Study Program.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Manager/Supervisor Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

WBL Coordinator Signature: \_\_\_\_\_

School Counselor Signature: \_\_\_\_\_

Please return this completed form to:

**Victor Senior High School**

**953 High Street**

**Victor, NY 14564**

**Work Based Learning Coordinator: Mrs. Sue Utz**

**[utzs@victorschools.org](mailto:utzs@victorschools.org) 585-924-3252 x 6510**

