



The Arrowhead Union High School District

South Campus/District Office
700 North Avenue
Hartland, Wisconsin 53029
(262) 369-3611

North Campus
800 North Ave.
Hartland, Wisconsin 53029
(262) 369-3612

<http://www.ahs.k12.wi.us>

Work Study Application

Parental Information

I request that my son/daughter _____ be released from school attendance *one period at the end of the day* to participate in the work-study program.

By signing below, I verify that my son/daughter

- Will maintain employment.
- Has a valid driver's license and car insurance.

By signing below, I indicate that I will notify my son/daughter's **school counselor** if my son/daughter does not maintain employment, a valid driver's license, or car insurance.

Liability: The parent/guardian and/or the student shall be responsible for and assume all liability incurred by the student while he/she is participating in the Arrowhead High School Work Study Program.

Parent/guardian's signature _____ Date _____

Student Information

I understand that in order to remain in the Arrowhead High School Work Study Program, I must

- Obtain and maintain my own job, which will employ me a minimum of **ten hours during the week** for each semester of involvement.
- Maintain a valid driver's license and car insurance.
- Notify my school counselor immediately of job changes.

I understand that failure to maintain the above requirements will cause me to be assigned to study hall for the remainder of the semester.

Student's signature _____ Student ID# _____ Date _____

This form is required for participation in the Work Study program. If this form is not returned, you will be dropped from Work Study and placed in a class or study hall.

*Return to the North Campus Counseling Department.
Any questions, please call 262/369-3612 x4209*

District Office Fax (262) 367-7406
South Campus Office Fax (262) 367-4693. North Campus Office Fax (262) 369-0996
Activities Fax (262) 367-1870