

WORK EXPERIENCE

Name _____

Phone Number _____

Roster Teacher _____

Employer _____

Employer Address _____

Manager _____

Work Number _____

Job Description _____

I give permission for CRCSD/Washington High School staff to contact my employer for the purposes of collecting information regarding my work performance and attendance at my job.

Student Signature _____ Date _____

My child participates in off-site employment, and I give permission for CRCSD/Washington High School staff to contact their employer for the purposes of obtaining information necessary for my student to receive elective class credit for their work.

Parent Signature _____ Date _____

