

Pearl River School District

Guidance Department

Early Release for Employment

Student Information:

Name _____ Date _____

Employer Information:

Place of employment: _____

Supervisor or contact person: _____

Phone number: _____ Work schedule (days/hours): _____

Employer's signature _____ Date _____

Parent/Guardian Information:

Name _____ Daytime phone number _____

As the parent/guardian of _____, I approve of the "early release for employment" at the end of period _____ each day. I agree to notify the school if the terms of employment described above should change. I understand the responsibility for transportation from the school to the workplace is mine.

Further, I agree that the student's education is paramount and that this "early release" is a privilege and is contingent on my son/daughter maintaining passing grades. I understand that failing grades will result in a modification of the "early release" schedule. These guidelines have been read and discussed.

Parent/Guardian signature _____ Date _____

Disposition:

Approved Not approved

Counselor's signature _____ Date _____