



LaCrosse High School

11 North Michigan Street, LaCrosse, IN 46348
Phone # 219-754-2461 Fax # 219-754-2793
www.tritownship.k12.in.us

Brian McMahan, Principal
bmcman@tritownship.k12.in.us

Senior Work Release Form

The student listed below has requested work release from LaCrosse High School. The student making this request must provide a written request, signed by the parent, to the principal. The student must be making normal progress toward meeting all graduation requirements in order to be considered for work release. The student, employer and parent must fill out this form, and have signed approval by the principal, and guidance counselor.

The employer shall guarantee employment through the semester and or school year and sign to that effect.

Student Name: _____

EMPLOYER SECTION

Name of Business: _____

Address: _____

Name of Supervisor: _____

Days of the week employed at this location: (circle) M T W TH F

Hours of Employment: Start: _____ End: _____

(If for some reason the employer terminates this employee, the student and employer will inform the school principal or guidance counselor and this agreement shall be null and void.)

Signature of Employer: _____

The school may end this agreement if the student ends employment, fails to attend classes on a regular basis, does not continue to make progress toward meeting graduation requirements, and does not adhere to the work release agreement, or is declared ineligible under school rules.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Principal: _____ Date: _____

Guidance Counselor: _____ Date: _____



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Senior Work Release Policy

Seniors, who wish to work during school hours, can be released as long as he/she meets class hours and graduation requirements. This release must begin during the first two weeks of a semester. A letter is required from the student stating how this work release will enhance his/her college/work resume. A work release form must be completed and on file in the Office of the Principal before work release can be granted.

1. The student must carry at least a C average to be eligible for work release and on a Core 40 diploma track.
2. Work release students must attend the first four periods or last four periods of school.
3. Students on work release may participate in extracurricular activities. Students will have to be in 5 classes, at least 4 of them in the school building.
4. Students should have a 95% Attendance rate for all classes.
5. The students must carry at least 20 hours of class work and meet all eligibility requirements to be able to be released from school.
6. The employment must be outside the home. Students cannot work for family members.
7. Students must leave and return from the school grounds without disrupting the rest of the students and classes. They must sign in/sign out everyday. During their regular working hours, the student is not to be on school grounds unless it is part of their work release or administrative approval has been granted. On days students do not work, they should report to the office and have something to work on.
8. If a student is unable to attend school because of illness, the student should not be at work.
9. Students will turn in a weekly schedule and tasks completed at their work.
10. Exceptions to these rules may be granted by the principal.

If, at any time, the job should cease or place of employment or hours change, it is the responsibility of the student and his/her parents to notify the school immediately and, if this is not done, the work release may be revoked. Work release may also be revoked for failing a class: A warning will be issued after the first offense. Work release status may be revoked on the second offense. Students must apply each semester to take part in the work release program.



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Senior Work Release Weekly Schedule

Student Name	
Supervisor Name	
Supervisor Phone #	

Week of: _____ to _____		
Day	Hours Completed	Responsibilities/Duties for the Week
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours		

Supervisor Comments:

Supervisor Signature: _____ **Date:** _____