

**Always use your school or district form. This is only a sample.**

**PRE-ARRANGED ABSENCE  
FOR SCHOOL-TO-WORK EXPERIENCE**

Source: Glencoe High School

Type of experience \_\_\_\_\_ Date of experience \_\_\_\_\_

Student Name \_\_\_\_\_

**Student:** Have each teacher whose class you will miss sign below. Have your parent sign the permission statement. Return this form to the Career Center. We will forward it to the Attendance Office.

Period	Teacher Signature	Class	Comments

**To Parent:** I am aware of the above teacher signature, and date and time my son/daughter will be participating in a school-to-work experience. I am aware of the nature of the experience. I understand that transportation is her/his responsibility and the school is not liable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_



**Transportation Release**

This form releases the school district and participating business of all liability for a student participating in a school-to-work experience through the Hillsboro High School District. This includes liability of transportation to and from the school-to-work experience on

\_\_\_\_\_ .  
Date

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

\_\_\_\_\_  
Date

**If Applicable:**

My son/daughter has permission to ride with an employee of a participating business if the employee is required to travel to and from work sites.

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

\_\_\_\_\_  
Date