

Oxford Area School District

Oxford Area High School

David A. Woods
Superintendent

Brian Cooney
Business Administrator

Margaret Billings-Jones, Ed.D.
Assistant Superintendent

Matthew Hovanec, Assistant Principal

James A. Canaday, Principal
Dana Douglas, Assistant Principal

Andrew Wendle, Assistant Principal

Kids First, Progress and Unity

Workplace Experience Student Contract

The Workplace Experience Program is planned to develop a student trainee academically, economically, and socially. In doing this, there are definite guidelines that must be followed. There are responsibilities the student trainee must realize and agree to and cooperate in carrying them out to his/her fullest capability.

I, therefore agree to:

1. Regular attendance in school and on the job. This includes requests by employers when school is not in session (teacher in-service, Christmas vacation, etc.)
2. Be on time to school and my job.
3. Notify my coordinator and my employer as early in the day as possible on days that I am absent from school.
4. If absent from school, I must also be absent from work on the same day.
5. Meet deadlines for Work Logs and Time Sheets. (due **WEEKLY**),
6. Carry out my training on the job in such a manner that I will reflect credit upon myself and the Workplace Experience Program.
7. Conduct myself in a satisfactory manner, both on the job and in school or my training may be discontinued and I will be placed back in the classroom.
8. If placed back in the classroom, it is my responsibility to make up all work I missed to gain the necessary graduation credits.
9. I understand that I must provide transportation to and from my job and conform to all school regulations on the registration of my car.
10. Maintain employment throughout the entire school year. Termination from employment may be grounds for removal from the program.
11. **Notify the coordinator the next school day if I change jobs and complete a new Employer Contract.**
12. **I understand that my hours worked must be during the school days/hours.**

I fully understand the above statements, and I agree to cooperate in carrying out my responsibilities to the fullest extent.

Administration reserves the right to remove you from the program and place you in a full schedule at any time.

Date _____ School Year 2020-21 _____
Student printed name _____

Student's Signature _____

Parent's Signature _____