

	Submitted Date:		
	STUDENT INFORMA	TION	
Student Name:		Level: Age: _	Session:
Primary Phone:	Home Phone:	Email:	
Secondary Person:	Phone:	Relati	onship:
Would you like to receive credit for	or working? Yes No	Do you have a Wo	ork Permit? YesNo
Company's Name:	Location:		
Supervisor(s) Name:	Phone Number:		Hire Date:
Primary Work Days:	Sta	art Time:	End Time:
What are your forms of transporta	tion?CotaCar	CarpoolOt	her
Parent/Guardian:	Work Numbe	r:	
Off Site Educational Opportunity			
<ul> <li>✓ Students who are employed a</li> <li>✓ Adult and underage students</li> <li>✓ Working minors will be requ</li> <li>✓ OSEO students MUST take a</li> <li>✓ OSEO students will receive academic progress since wor</li> <li>I certify that I agree with all informy place of employment. I will a</li> </ul>	will be required to turn in a value of the required to remain at good standing all required tests (NWEA & A regular worksite visits, work king.	weekly/bi weekly was in attendance to AIR) to maintain apattendance verificant. I give the Focus	ork schedules maintain work permit oplication agreement ation and required to show
Student Name (print)	Student Signa	uture -	Date

Focus Learning Academy East • 4480 Refugee Rd. • Columbus, OH 43232 • (614) 269-0150 Focus Learning Academy Southwest • 190 Southwood Ave • Columbus, OH 43207 • (614) 545-2000