



CAREER AND WORK EXPLORATION PROGRAM



School		Student Phone	(h)	(c)	
Parent/Guardian	Name:				
	Phone: (h)		(w)	(c)	
Parent/Guardian	Name:				
	Phone: (h)		(w)	(c)	

EMERGENCY CONTACT INFORMATION (different from Parent/Guardian information above)			
Name		Phone	

MISCELLANEOUS INFORMATION			
CWEX Class: 10 <input type="checkbox"/> 20 <input type="checkbox"/> A30 <input type="checkbox"/> B30 <input type="checkbox"/>		Number of Work hours:	
Semester: 1 <input type="checkbox"/> 2 <input type="checkbox"/> FY <input type="checkbox"/> Block <input type="checkbox"/>		Class Attendance: Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>	
Valid Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/>		Form of transportation to and from work site:	
What health problems could affect your placement?			
What current commitments may interfere with your placement?			
List your recent involvements/activities/hobbies:			
What careers are you considering for the future?			

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AVAILABILITY FOR WORK			
DATES: Start:	End:	TIMES: Start:	End:

PREFERENCES FOR POSSIBLE WORK PLACEMENT (Placements involving family members will not be considered.)			
Work Placement Field	Specific Business/Location	Contact Name	Phone
1.			
2.			
3.			

WORK EXPLORATION PROGRAM STUDENT AND PARENT CONTRACT

I/We hereby give permission to enroll (please print) in the Career and Work Exploration Program of the Prairie South School Division No. 210. To receive credit in the Career and Work Exploration Program, the following is a list of course requirements. Please read this information carefully.

1. Students must display a positive attitude and good work habits in respect to responsibility,