



**West Mifflin Area High School
Work Co-Op/Student Internship Program**

Student Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Social Security #: _____

Employment Site: _____

Contact Person/Position: _____

Employee's Phone #: _____ Fax #: _____

Covered Under Worker's Compensation: Yes ___ No ___ Comp. Policy #: _____

Work Schedule (Days/Hrs.): _____

EMPLOYER RESPONSIBILITIES:

- Adhere to all State and Federal Regulations regarding employment, child labor, minimum wages and worker's compensation.
- Provide any necessary safety training that is relevant to the job.
- Consult with the STW Coordinator if any problems arise with the student employee.
- Allow the STW Coordinator will visit the work site once per semester.

This document is for the purpose of outlining the agreement between the school, employer and the student. In signing, parties should consider this a binding contract.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

HS Administration: _____ Date: _____

Employer: _____ Date: _____



**West Mifflin Area High School
Work Co-Op/Student Internship Program
Rules and Regulations**

1. Each student will provide transportation to and from his or her place of employment. West Mifflin Area School District does not assume any responsibility for the student during travel to and from the place of employment.
2. Each student will attach a copy of:
 - Valid PA Driver License (if applicable)
 - Auto insurance (if applicable)
 - Current student class schedule
3. Reasons to be placed on official probation and/or dismissal from program:
 - Citation for attendance violation
 - Out of school suspension
 - A failing 9-week grade
4. Being placed on official probation will require a mandatory parent meeting and could result in dismissal from the program.
5. Student must sign out in the attendance office every day.
6. If the student terminates employment at the original job site, a new co-op cannot begin until the school has conducted a complete review.
7. Students accepted into program will be leaving the school premises before 2:20 p.m.
8. Staying on school premises after designated release time may result in disciplinary action.

I have read all the rules and regulations for my participation in the West Mifflin Area High School Work Co-Op/Student Internship Program and I consent to all the above and agree to abide by them. I also will complete all forms at the start of each nine-week period. All signatures below must be completed.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Guidance Signature: _____ Date: _____

Attendance Secretary: _____ Date: _____

HS Administration: _____ Date: _____

Expiration Date: _____