

# MBHS

## WORK-BASED LEARNING

### Application for Enrollment

(Completed by Coordinator):

Item	Received	Date
Application		
Typed Answers		
Signatures		
Medical Insurance		
Vehicle Insurance		
Driver's License		
Employer Form		
Business Completer	YES	NO

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ School Email Address: \_\_\_\_\_ @student.mtnbrook.k12.al.us

Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which class periods you plan to leave school for Work-Based Learning. Check only one option.

\_\_\_\_\_ 6, 7, 8    \_\_\_\_\_ 7, 8    \_\_\_\_\_ 8

List any previous work experience below.

Employer	Type of Work	Employment Dates

Students must have taken one of these to be considered eligible for Work-Based Learning. Please check if you have taken the following courses.

\_\_\_\_\_ Business Software Applications    \_\_\_\_\_ Career Preparedness

My goal is to earn the distinction of Business Completer: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any business courses you have taken or are currently taking:

Please list any business courses you plan to take in the 2024-2025 school year:

Please answer the following questions. Type the answers and attach to your completed application.

1. Why do you want to participate in the Work-Based Learning Program?
2. What are your plans after high school? Please include any education plans as well as career plans.

# Proof of Insurance

**Please make a photocopy of health insurance card, driver's license, and vehicle insurance card and attach all three to completed application.**

## Health Insurance:

Please note the student's health insurance coverage below.

Name of Insurance Plan: \_\_\_\_\_

Insurance Card ID/Policy Number #: \_\_\_\_\_

Expiration Date (If applicable): \_\_\_\_\_

## Proof of Vehicle Insurance:

Please note the student's car insurance coverage below.

Name of Insurance Plan: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

## Emergency Contact Information:

Please provide the name, address, and telephone number of two contacts who may be contacted in the event of an emergency.

Name & Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mountain Brook High School**  
**Work-Based Learning**  
**Students/Requirements Code of Conduct**

I agree that if chosen to participate in the Work-Based Learning program (WBL), I will accept the following requirements:

**Requirements:**

**I will secure a job following the WBL requirements:**

- My job cannot be self-employment
- My employer must agree to participate in the WBL program and employ me for a minimum of 10 hours per week with the majority of hours being from Monday through Friday. This can be a paid or unpaid position.
- My employment must begin no later than the week following the beginning of school.
- My employer must abide by all Federal and State Child Labor Laws.

**I will secure my own job prior to July 22, 2024 and take responsibility for the completion of the Employer Acceptance Form and return to WBL Coordinator.**

- I understand that the WBL Coordinator must approve my job before I can begin WBL. Employment in a family business needs prior approval from the WBL Coordinator.
- I understand that in order to receive credit for WBL, I must continue employment throughout the school year and may stop employment only with permission of my WBL Coordinator.
- I understand that if I quit my job or if I am fired, I will be immediately dropped from the program and lose credit.
- Hours worked must equal 140 per semester to receive credit. To receive an A in the Wage and Hour Category, you must work 90 hours per nine weeks for 180 per semester.
- Students must go to their WBL job each week without exception.
- Request to change job will only be reviewed at the semester break.
- I will notify my WBL Coordinator immediately of any school or work problems and accept his/her counseling, guidance, and work adjustments or reassignments. I recognize the WBL Coordinator as the authority for adjustments or changes in my place of employment.

**Conduct:**

- I will adhere to the WBL Code of Conduct and maintain the highest standard of behavior and work ethic.
- I will learn and abide by all school and work policies. I understand that all school rules are in effect the entire time I am at work, and I am expected to abide by these rules throughout my employment. Failure to do so may result in dismissal from the WBL program.
- I will act in a business manner at all times and not allow friends or family to visit me at work either in person or by telephone.
- I will ensure confidentiality of everything I may see or hear while at work and show respect at all times for my employer, their property, their business, my co-workers, myself and all others with whom I may have contact. I understand that I not only represent myself, but also my family, my school, and the WBL program.

**Evaluation/Assignments:**

- I understand that I will be given assignments to complete as part of the coursework for WBL.
- I understand that both my WBL Coordinator and my employer will evaluate me throughout the year.
- I understand that if I am required to attend Alternative School, I will not be allowed to leave school earlier than other students and may lose my job due to my inability to arrive at work on time.
- I understand that WBL is a school course, and I will be expected to attend each week and be punctual.
- Students receive two credits for WBL (1 for assignments and 1 for 140 hours worked/semester). During each nine weeks, I will receive assignments to complete. I can expect to spend one hour per week on these assignments. Failure to submit assignments on time will result in points deducted from grade and possible removal from the WBL program.

**Responsibilities:**

- I will check my school email daily for announcements. I will respond to WBL emails in a timely manner.
- I will give my employer advance notice if the school is on a different schedule or if I have a schedule conflict.
- I will assume the responsibility for transportation to and from work and maintain personal insurance coverage.
- I understand that WBL students do not get out of school early; they are released from the main school campus to continue their school day at a different location. WBL students have a longer school day than other students, because the entire time they are at work, they are in school. Incidents that happen at work, even during the weekends and on holidays, or after regular school hours will affect my grade and disciplinary action will be taken.
- I understand that I should leave school promptly and not loiter in or around the school.

**Signatures:**

As the parent(s) of \_\_\_\_\_, a student at Mountain Brook High School, we acknowledge by our signatures that we have read, understood, and agree to comply with the WBL regulations. I understand that I am to let my students and the WBL coordinator communicate with the employer. I will not contact the employer unless it is an emergency.

As the parent of the above-named student, my signature also acknowledges my permission for my son/daughter to participate in the WBL program. I understand that this program requires the student to leave the Mountain Brook High School campus each day at the conclusion of his/her scheduled classes for the purpose of student employment. It is my responsibility to be aware of where he/she will be employed and all the terms of employment prior to the beginning of school. I also understand that it is the responsibility of the student to provide transportation to and from the employment location and for any related responsibilities. In consideration for the above-mentioned information, I do hereby release Mountain Brook City School System and the Coordinators of this program from any and all liability, actions, causes of actions, or claims of whatsoever kind or nature for all injuries or damages to his/her person or to his/her property arising or which may occur by reason of his/her participation in this program.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DUE DATES:**

**Application Deadline:** March 1, 2024- Bring to room 236 by 3:19 p.m.

**Employer Acceptance Form:** Form due by July 22, 2024. Please upload your form using the Google form link provided in the email you received when you were accepted into the program.

**Mandatory Meeting:** First day of school: Report to room 236 during your assigned Work-Based Learning time with your Chromebook. You will not be allowed to leave campus until you have attended this meeting.

\*Students may be dropped from the WBL class if the Employer Acceptance Form is not received by July 22, 2024. Please communicate with the WBL Coordinator in advance if there are any issues with this deadline.

The Mountain Brook school system does not discriminate on the basis of race, color, religion, national origin, sex, disability, sexual orientation, or age in any of its programs and activities, or in matters of employment, and provides equal access to the Boy Scouts and other designated youth groups. It is against the policy of the Mountain Brook Board of Education to have different rules or regulations on the basis of sex in employment, including recruitment, hiring classification, and other terms, conditions or privileges of employment. The Board, in accordance with Title IX, strictly prohibits discrimination on the basis of sex or gender in its programs or activities, or any matters of employment. This includes sexual harassment based on sex, sexual assault, as defined by law and Board policy. Sexual harassment and sexual assault complaints should be filed and reviewed under the Board's sexual harassment policies. All other complaints under Title IX will be filed and reviewed according to the Board's general complaints and grievance procedures. The Superintendent is authorized and directed to designate a Title IX Coordinator, whose duties will include, but not be limited to receiving and responding to Title IX inquiries and complaints. The following persons have been designated to handle inquiries regarding nondiscrimination policies. Dr. Susan Cole-Director of Personnel (Title IX), Dr. Missy Brooks- Special Education Director (Section 504). Contact Info: 32 Vine Street, Mountain Brook, AL 35213, 205-871-4608.



## Employer/Mentor Statement of Acceptance

*Form to be completed by employer/mentor when employment/internship has been secured*

Please complete and upload your form using the Google form link provided in the email you received when you were accepted into the program.

### Student Information:

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Employment Information:

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### General Description of Duties:

#### Employer/Mentor Statement:

I have offered the above-named student employment/internship for the upcoming school year. I understand that this student is participating in Work-Based Learning (WBL) program and that some of my responsibilities will be to supervise his/her activities, act as a mentor, train in a variety of marketable skills, evaluate performance, and allow visits from the WBL Coordinator on a regular basis. I have agreed to employ/mentor this student for a **minimum of ten hours per week (the majority being Monday-Friday)** for the entire school year. However, I understand that if the student proves unsatisfactory, I may release the student at any time. I agree to abide by all State and Federal Child Labor regulations and provide a safe work environment for this student and assure that all training experiences for student(s) are provided without regard to sex, race, religion, or national origin.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_