

SAMPLE  
Work-Based Learning

# Transportation Agreement

Office of Career and Technical Education

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Service-Learning | <input type="checkbox"/> Job Shadowing           | <input type="checkbox"/> Internship       | <input type="checkbox"/> Co-op          |
| <input type="checkbox"/> Mentoring        | <input type="checkbox"/> School-Based Enterprise | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Apprenticeship |

\_\_\_\_\_ has permission to participate in the work-based learning opportunity checked above. As the student's parent/guardian, I understand the school and/or employer are not responsible for transportation to and/or from the worksite. In addition, I acknowledge my student has adequate liability insurance coverage and has my permission to be transported to/from the worksite in the following way(s):

- Student will drive themselves.
- Student will use public transportation. \*
- Student will be transported by a parent/guardian. \*
- Student has permission to ride with classmate to worksite. \*

***\*Note: If permission is given to be transported by means other than driving themselves, use the space below to detail specific transportation plans and list individuals permitted to transport the student.***

I hereby give consent for participation in the work-based learning marked above and release the school, district and its staff from responsibility should any unforeseen accident occur for the duration of this work-based learning placement.

## Required Signatures

Student:	Date:
Worksite Supervisor:	Date:
Certified Program Area Teacher:	Date:
Work-Based Learning Coordinator:	Date:
Principal:	Date:
Parent/Guardian:	Date: