

Cherokee County School District Work-Based Learning

Early Release Understanding and Insurance Verification Form

Directions: For a student to be enrolled in the program, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

Early Release

I understand that my child, _____, is enrolled in the work-based learning program at _____ **High School** and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day. Student will leave campus at _____ .m. Student work site is _____ . Student will complete _____ hours at the work site each week.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program (please complete information section below). **Cherokee County students are not allowed to drive as a part of their Work-Based Learning experience/requirements.**

Automobile Accident and Health Insurance

I understand that my child must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

▶ **Automobile Accident Insurance**

My child is covered by automobile accident insurance through the following provider:

Provider:	Policy Number:
Address:	Name of Insured:
City/State/Zip:	Phone Number:

▶ **Health Insurance** *(Please provide copy of insurance card or policy.)*

My child is covered by health insurance purchased through the Cherokee County Schools.

My child is covered by health insurance through the following provider:

Provider:	Policy Number:
Address:	Name of Insured:
City/State/Zip:	Phone Number:

Parent/Guardian Signature

Date