

Edgerton & Milton School to Career

Work Based Learning Program



Parent/Guardian and Student Certification Release Form

Student Nan	ne: High School Attending:	
Program: _		
Parent/Guar	Parent/Guardian Name(s):	
Parent Cert	ification and Release:	
Initial	I understand that a parent or guardian must attend, along with my child, any orientation session that may be required for the work based learning program.	
Initial	I authorize the release of progress, grades and attendance reports and to disclose any challenges or roadblocks to the student's success. Students with failing grades may have their release time revoked at any time.	
Initial	I authorize Madison College / Blackhawk Technical College personnel permission to release my son/daughter grade/performance to Edgerton & Milton staff for courses related to this program.	
Initial	 I authorize my child's high school and YA Department of Workforce Development office the use of the following: Written/oral testimonials Photographs and/or video or digital recordings with my child's image in publications and/or news releases. 	
Initial	I understand that I am solely responsible for transportation of the undersigned student to and/or from the program's classroom and/or worksite and for all loss involved in said transportation.	
Initial	I certify that my child, if driving to and from the classroom or worksite, has a valid driver's license and adequate car insurance.	
Student:		
Parent/Guar	rdian: Date:	

The Edgerton Milton School to Career Partnership does not discriminate on the basis of sex, race, color, national origin, ancestry, creed, pregnancy, religion, marital or parental status, sexual orientation, or disability. Inquiries related to Section 504 of the Rehabilitation Act of 1973, s.118.13, Wisconsin Statutes, or Title IX of the Education Amendments of 1972 should be directed to Dr. Mark Coombs, Fiscal Agent - 608-561-6020.