New Dimensions High School

STUDENT EMPLOYMENT INFORMATION - OJT

PLEASE PRINT CLEARLY

_____ _____/_____

STUDENT NAME GRADE BIRTHDATE

_____ _____/_____

STUDENT ADDRESS CITY ZIP CODE

_____ _____

PARENT/GUARDIAN NAME PARENT/GUARDIAN ADDRESS

_____ _____

STUDENT'S PHONE NUMBER PARENT'S PHONE NUMBER

_____ _____

EMPLOYER'S BUSINESS NAME EMPLOYMENT ADDRESS (STUDENT'S)

_____ _____

EMPLOYER'S BUSINESS PHONE NUMBER SUPERVISOR'S NAME

_____ _____

TYPE OF EMPLOYMENT STUDENT ID NUMBER

BLOCK	SUBJECT	TEACHER	ROOM