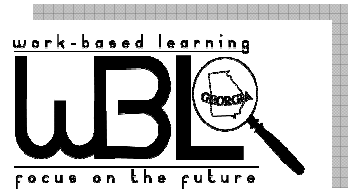




# Work-Based Learning (WBL) Program Request For Scheduling



Print Legibly and Fill In Completely

Name: \_\_\_\_\_ School \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Parents' Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Parents/Guardians Email: \_\_\_\_\_

**Pathway** \_\_\_\_\_

List **ALL** High School Elective Course(s) taken or your current **Pathway in Career Technology**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation To Work** (check all that apply) \_\_\_ Will Drive \_\_\_ Picked Up \_\_\_ Walk \_\_\_ MARTA

**Employment:** (Attach pay stub if you are employed Leave Blank If You Are Not Currently Employed)

Business/Company Name: \_\_\_\_\_

Company Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Is this a (n) Intern or Paid Position? \_\_\_\_\_

Date Hired: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

Manager/Supervisor (Full) Name: \_\_\_\_\_

Company's Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name and Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_