

## qathet School District

## **Work Experience Placement Agreement**

BETWEEN:	AND:	AND:
The Board of School District #47 (qathet)	Name of Student:	Business Name of Work Site Employer:
	Student Name	Business Name
(the "School Board")	(the "Student")	(the "Work Site Employer")
Name of School:	Student's Date of Birth: (mm/dd/yy)	Supervisor Contact Information:
Address:		Name
4351 Ontario Avenue Powell River, BC V8A 1V3	Student's Address:	 Telephone
		Email
	Address of Parent/Guardian (if different than Student's)	Expected Placement Dates:
		From: ( <i>mm/dd/yy</i> )
		 To: ( <i>mm/dd/yy</i> )
By their signatures the parties signify their agreement to the conditions set out above.		
School Board:	Student & Parent:	Work Site Employer:
Name	Student Name	Name
Title	Student Signature	Title
Signature	Parent/Guardian Signature	Signature
Date signed (mm/dd/yy)	Date signed (mm/dd/yy)	Date signed (mm/dd/yy)