CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM
WORK BASED LEARNING PROGRAM
PARTICIPATION AGREEMENT

We the undersigned agree to comply with the Policy and Procedures of the Work Based Learning Program.

AGREED TO BY:

_____
Company Name Address Zip

Phone Number(s) _____ Fax Number: _____

Cell Number: _____ E-mail: _____

_____ _____ _____
Employer ***Signature*** Employer Printed Name Date

_____ _____
Trade Department Head ***Signature*** Date

_____ _____
Student ***Signature*** Date

_____ _____
WBL Coordinator's ***Signature*** Date

Phone: _____ Fax: _____ Email: _____

_____ _____
Parent/Legal Guardian ***Signature*** Date

Phone Numbers:
Home: _____Work:_____ Emergency: _____
Beeper: _____ Fax: _____ Cell: _____

_____ _____
School Principal ***Signature*** Date

All parties to this contract agree and warrant that in performance hereof no discrimination against any person or group of persons will be permitted on the grounds of race, color, religion, sex, national origin, ancestry, sexual orientation, or disability in any manner prohibited by the laws of the United States or of the State of Connecticut.