

FRIDAY EDUCATION PLAN

☐ Youth WORK in Trades ☐ Work Experience ☐ Other: _____

Student Name:

Phone: _____

Email: _____

Parent(s)/Guardian(s) Name:

Phone: _____

Email: _____

Employer/Business Name:

Supervisor: _____

Phone: _____

WorkSafeBC Account #: _____

Email: _____

Address: _____

WORK PLAN

Start Date: _____

Job Title: _____

| Days: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------------|--------|---------|-----------|----------|--------|----------|--------|
| Hours: (Estimated) | | | | | | | |

Goals/Objectives for Friday: _____

EXPECTATIONS

- ☐ I will contact my School District instructor (text or phone) before 9:00am to notify them that I will be/won't be working.
- ☐ I will inform my School District teacher immediately if my schedule changes or I am no longer working with the above employer.
- ☐ I understand that the ability to be working on Friday's may be rescinded if I am not able to keep up with my academic graduation requirements.
- ☐ I understand that the ability to be working on Friday's may be rescinded if my Programs grades fall below 80% (B-)
- ☐ I understand that this privilege can be rescinded at the discretion of Parents, School District Instructors or VIU Program Instructors
- ☐ I am not on a contract (Attendance, Academic or Other)

NOTES/COMMENTS**SIGNATURES**

Student Name: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____

Employer Contact: _____ Signature: _____ Date: _____

SD Instructor: _____ Signature: _____ Date: _____

VIU Instructor: _____ Signature: _____ Date: _____

