

**Cherokee County School District  
Work-Based Learning  
Polaris Evening School  
Early Release Understanding and Insurance Verification Form**

Directions: For a student to be enrolled in the program, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

**Early Release**

I understand, \_\_\_\_\_, (student name) is enrolled in the work-based learning program at **Polaris High School**. Student will attend work-based learning classes on Tuesday and Wednesday each week. Student work site is \_\_\_\_\_.

Student is required to complete \_\_\_\_\_ hours at the work site each week.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program (please complete information section below). **Cherokee County students are not allowed to drive as a part of their Work-Based Learning experience/requirements.**

**Automobile Accident and Health Insurance**

I understand that my child must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

**▶ Automobile Accident Insurance**

My child is covered by automobile accident insurance through the following provider:

Provider:	Policy Number:
Address:	Name of Insured:
City/State/Zip:	Phone Number:

**▶ Health Insurance** *(Please provide copy of insurance card or policy.)*

My child is covered by health insurance purchased through the Cherokee County Schools.

My child is covered by health insurance through the following provider:

Provider:	Policy Number:
Address:	Name of Insured:
City/State/Zip:	Phone Number:

\_\_\_\_\_  
Parent/Guardian Signature or Emancipated Student\*

\_\_\_\_\_  
Date

**\*Emancipation must be confirmed and documented.**

# Cherokee County School District Work-Based Learning

## Early Release Understanding and Insurance Verification Form

Directions: For a student to be enrolled in the program, the parent/guardian must provide the required information below and sign and date the form at the bottom of the page.

### Early Release

I understand that my child, \_\_\_\_\_, is enrolled in the work-based learning program at \_\_\_\_\_ High School and that my child will be dismissed from school at the end of his/her regularly scheduled on-campus classes each day. Student will leave campus at \_\_\_\_\_ .m. Student work site is \_\_\_\_\_. Student will complete \_\_\_\_\_ hours at the work site each week.

I assume full responsibility for my child after dismissal from school, including days when my child is not required to be on the job. I also understand that my child must be covered by automobile accident and health insurance in order to drive to and from work and to be a part of the work-based learning program (please complete information section below). **Cherokee County students are not allowed to drive as a part of their Work-Based Learning experience/requirements.**

### Automobile Accident and Health Insurance

I understand that my child must be covered by automobile accident and health insurance to participate in the work-based learning program. I have checked the appropriate statement regarding insurance coverage for this school year. I agree to notify the work-based learning coordinator if this coverage changes during the school year.

#### ▶ **Automobile Accident Insurance**

My child is covered by automobile accident insurance through the following provider:

Provider:		Policy Number:	
Address:		Name of Insured:	
City/State/Zip:		Phone Number:	

#### ▶ **Health Insurance** *(Please provide copy of insurance card or policy.)*

My child is covered by health insurance purchased through the Cherokee County Schools.

My child is covered by health insurance through the following provider:

Provider:		Policy Number:	
Address:		Name of Insured:	
City/State/Zip:		Phone Number:	

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

