

WETZEL COUNTY SCHOOLS

333 Foundry Street
New Martinsville, W.Va. 26155
Telephone (304) 455-2441
Fax No. (304) 455-3446



Work Release Request Form

Student Name

School

Reason for the Request:

Employer's Name: _____

Student Signature

Date

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Work Release

Student Name: _____

Last

First

Grade: _____ Credits(attempted/earned): _____/_____ GPA: _____

Request for: (Circle One) Semester or Year

Employer Name: _____ Direct Supervisor: _____

Employer Address: _____

Employer Contact Information: _____

After approval by the Wetzel County Board of Education, we will adjust the schedule of

_____ Student # _____

Student Name

The flexible schedule will allow the student to remain on track towards graduation as well as allow him/her to leave the school early. School administration as well as the student's counselor has determined that this plan meets the student's needs. The student must submit a current paycheck every two weeks to the school and remain in good academic standing.

Student will sign out after _____ period.

Students must follow all school rules and leave the premises after signing out in the office. Failure to follow school rules will result in revocation of privileges.

Student Signature

School Administrator

School Counselor

Date

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Parental Consent

I, _____, parent/guardian of _____ give permission to leave
(Printed Name) (Student Name)

to leave the school and drive to work. Wetzel County Schools is not responsible for _____
(Student Name)

once he/she departs the school grounds.

Signature: _____ Date: _____

I, _____, confirm that _____ is an
(Employer Print Name) (Employee's Name)

employee of _____ and understand that he/she can leave school grounds to
work as long as he/she remains in good academic standing with Wetzel County School District.

Employer Signature: _____ Date: _____