



Parent Consent

Return with Student Packet

Parent or Guardian:

Your student has been selected to participate in a Work Based Learning opportunity. Please complete the form below and return it to the person indicated below.

I hereby give consent for my student Print Name to participate in Work Based Learning experience during the school year. I will assist my student in maintaining good work habits.

Parent/Guardian Signature

Date



Porterville Unified School District
600 West Grand Avenue
Porterville, CA. 93257