

## Robert McQueen High School

6055 Lancer Street, Reno, Nevada 89523 Phone 775.746.5880 Fax 775.747.6883

## Work and Study Credit Statement of Understanding

This form is to be submitted to the McQueen counselor with current paycheck or employer verification letter attached. Please initial each item below and complete the information at the bottom of the page to indicate your understanding.

| Parent's Signature  | Parent's Email  | Parent's Phone #  | Date  |                |
|---|---|---|---|----------------|
| Student's Signature   | Student's Email   | Student's Phone #   | Student's ID #                              |                |
| I understand that students who  | o withdraw from a Washoe  | County School will also be wi   | thdrawn from the class.                     |                |
| If dropping the Work and Studge<br>be required to add another class to the                                      |   |   | ademic load of classes th                   | e student will |
| If this class is used for an off c  | •   |   | •   |                |
| I understand that students who course will be posted to the student's   | •   |   |   | record of the  |
| Work and Study Credit will earn an un   |   |   | int who laidined their part                 | oipation in    |
| during that semester to earn a Satis I understand there is absolutely   |   | f the course and that any stude   | ent who falsifies their narti               | cination in    |
| I understand that the final grade study as one of the classes on your   | r semester schedule to n  |   |   |                |
| I understand that habitually su<br>an unsatisfactory grade (U) and no cre<br>additional semesters to be counted | edit will be earned. <i>If you</i>                                  | earn a Ü, you will no longer l  |   |                |
| and hours.  |   | , s , s , s,   | , , ,                                       | ,1             |
| stubs showing deductions and the nur<br>Counseling Office  All paperwork muerinn.zubillaga@washoeschools.ne     | mber of hours <mark>on a month</mark><br>est be handed to her perso | <mark>ily basis</mark> (or each time a paych<br>nally or you can email electror | neck is issued) to Ms. Zub<br>iic copies to | oillaga in the |
| I understand 180 hours of paid  | Lamployment are required  | Loor 5 gradit Students are ev   | postad to submit copies o                   | f navohook     |
| I understand that this job must (independent contractor).   | be a job that has deduction   | ons taken out of the paycheck.  | The job cannot be a 1099                    | 9 job          |