



TRANSITION SERVICES

Student Support Services
1325 Corporate Blvd., Suite D
Reno, NV 89502
Ph. (775)327-3940 Fax (775)857-3183

OFFICE USE ONLY
Semester _____
Credit(s) _____
IEP _____

WORK EXPERIENCE CONTINUATION APPLICATION

PARENT/GUARDIAN STATEMENT

DATE: _____

STUDENT NAME: _____ BIRTH DATE: _____ GRADE: _____

SCHOOL: _____ CASE MANAGER: _____

SEMESTER: **SPRING ONLY** Year: ____

The above student has my permission to be employed: Part Time OR Full Time
Please circle one

PARENT/GUARDIAN SIGNATURE _____
(Student signature if 18 or older)

My signature authorizes the WCSD Transition Services to verify employment of the above student.

Case Manager must complete and initial.
CREDIT REQUESTED: _____ CASE MANAGER INITIALS: _____
Authorized signature if required: _____
<u>SUBMIT WORK EXPERIENCE APPLICATION TO TRANSITION SERVICES</u>

EMPLOYER'S STATEMENT

DATE _____

MY EMPLOYEE _____ WORKS AS A _____

NAME OF COMPANY _____

ADDRESS _____ CITY _____ ZIP _____

SUPERVISOR AT WORK _____ TITLE _____
(Please Print)

[AS AN EMPLOYER, I COMPLY WITH FEDERAL AND STATE CHILD LABOR LAWS.]

EMPLOYER SIGNATURE _____ PHONE # _____