## SEHS On-The-Job Training (OJT) Student Application 2025-2026

Please submit this completed application to Mrs. Banach program coordinator, Room 828 or to Ms. Boyd at the Guidance desk.

Name (Full Name):	Grade Level next school year(circle one): 11 <sup>th</sup> 12 <sup>t</sup>
<ul><li>1 OJT Perio</li><li>2 OJT Perio</li></ul>	od with 7.5 work hours/week = 1 class period ods with 15 work hours/week = 2 class periods ag OJT periods whether they are scheduled to work that day or not.
READ EACH OF THE ITEMS BEL guidelines.	.OW. <u>Check each box</u> 🗹 to indicate that you understand these
☐ My parent(s) or legal guardia to sign all of the OJT permiss	an approves of my enrollment in the OJT program and is willing sion forms.
☐ I must have an unweighted (	GPA of 2.0 or higher and be on track to graduate.
☐ I must maintain a good atter	ndance and discipline record with the school and employer.
· · · · · · · · · · · · · · · · · · ·	ool year, I must have paid employment at an OJT eligible job neerning payroll withholdings & child labor and that also carries ability insurance.
☐ I may not work under the di	rect supervision of a family member.
	be handed out on the first day of class and must be submitted ours or leave campus for OJT.
period. Failure to submit req	edit-earning course and that a grade will be issued for each OJT quired paperwork (timecards, employer evaluations, etc.) or to uirements will result in a failing course grade and removal from
or omitted information	truthful and complete to the best of my knowledge. Any misleading could result in my removal from the program. My signature ave read, understand, and agree with the above information.
Student Signature	Date

Please note that acceptance of this application by the OJT program coordinator does not guarantee the student's acceptance into this program.