

OJT Job Placement Acknowledgement Form 2024-2025

I _____ acknowledge _____
(print name of Parent/Guardian) (Name of Work Site)

located at _____
(Complete Address)

to be a safe job site for my child _____ to
(Student Name)

complete his or her OJT training for the 2024-2025 school year. It is my understanding that my student's work experience cannot begin until this form is returned to the appropriate OJT teacher at the school. If my child's job site should change, it is my responsibility to submit another form prior to my son/daughter beginning another work assignment.

Parent Signature _____ Date _____