



# Crescent Heights High School Work Experience Registration Form

Please PRINT all responses neatly in the space provided

registration date M/D/Y:

first name  middle  last name

grade  age

address

city

postal code  cell

home phone #

e-mail

parent 1 name

parent 2 name

P1 home phone #

P2 home phone #

P1 work Phone #

P2 work phone #

parent 1 e-mail

parent 2 e-mail

living at main address?  Yes  No

living at main address?  Yes  No

emergency contact 1

relationship

Phone

emergency contact 2

relationship

Phone

employer Company name

address

city

postal code

phone

fax

student's job description

supervisor's name

supervisor's title

supervisor's alternate phone #

check driving status  Learners  Drivers  No

Are you driving yourself to work?  Yes  No

which days do you normally work?  
 Monday  Tuesday  Wednesday  thursday  Friday  Saturday  Sunday

number of hours worked  
on average per week

Best time of week (day and time) to have Off-Campus Coordinator visit