



De La Salle North Catholic
High School

CORPORATE WORK STUDY PROGRAM Off- Site Permission Form

Student's Name: _____

Corporate Partner: _____

Supervisor: _____

Date: _____

Time: _____

Location: _____

Is this an ongoing need? No ____ Yes ____

If yes, Please list all dates below:

Date: _____

Date: _____

Date: _____

Date: _____

Yes, I give permission
for my child

No, I don't give
permission for my child

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____