

**SCHOOL CONDUCTING PROGRAM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Teacher/coordinator's signature)

Type of Program: \_\_\_\_\_ # of minutes of Related Instruction Weekly: \_\_\_\_\_

\_\_\_\_\_  
(Co-op coordinator's signature, if applicable)

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**STUDENT-LEARNER SECTION**

Name: \_\_\_\_\_

\_\_\_\_\_  
(Student-Learner's signature)

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupational Objective: \_\_\_\_\_ SS #: \_\_\_\_\_

# Hours in School Daily: \_\_\_\_\_ # Hours Employment Daily: \_\_\_\_\_

\_\_\_\_\_  
(Parent's of Guardian's signature)

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Name of Establishment: \_\_\_\_\_ Fed. ID# \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ # of employees \_\_\_\_\_ Telephone: \_\_\_\_\_

Beginning Date of Employment: \_\_\_\_\_ Anticipated Date of Ending Employment: \_\_\_\_\_

Starting Hourly Rate of Pay: \_\_\_\_\_ Potential Hourly Rate of Pay: \_\_\_\_\_

As the employer, I am: Yes No

subject to the provisions of the Fair Labors Standards Act  
subject to the provisions of the State of NH Minimum Wage law  
covered under the provisions of the Workers' Compensation Act  
subject to the Unemployment Compensation Act

\_\_\_\_\_  
(On-the-job supervisor's signature)

\_\_\_\_\_  
(Employer's signature)

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TOPICAL OUTLLINE of on-the-job operations the  
Student will experience: \_\_\_\_\_

MACHINE TO BE OPERATED, or hazardous  
occupation: \_\_\_\_\_

\_\_\_\_\_  
IF HAZARDOUS, ATTACH SHEET OF EXPLANATION OF WORK AND EQUIPMENT USED.

HAZARDOUS WORK IS INCIDENTAL TO TRAINING; INTERMITTENT AND FOR SHORT PERIODS OF TIME.