

# Working Warriors - Application 2016-2017

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Why do you want to be a Working Warrior?

Please check each box after reading below.

I am available to work each morning until 8:20 a.m.

I can report to my assigned classroom by 7:45 a.m.

I agree to follow the rules set by the program director and to be of service to my teacher as he/she instructs.

I understand that Dr. Culpepper and my assigned teacher should be notified ahead of time when there are any changes in my schedule.

I will notify Dr. Culpepper and my assigned teacher if I have any problems with completing my assigned duties.

I will inform Dr. Culpepper and my assigned teacher if I can no longer participate in the Working Warriors Program.

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*\*Parents will be notified by August 5th if the student has been chosen to participate in the program or if he/she has been placed on the waiting list. Please do not report to Clubview until notified by Dr. Culpepper.

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Parent's Signature

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Student's Signature