

STUDENT AGREEMENT PARENT PERMISSION FORM

What: Check-in time:	Ziba Career Day 9:15 am 1044 NW 9th Ave. Portland, OR	Date: March 3, 2020 Start/End time: 9:30 – 11:15am	
Meeting location:			
Registration closes:	When filled. Seats fill fast! Send a registration form and await confirmation		
Transportation:	Students are responsible for their own transportation. Parkrose: We will try to provide transportation to a MAX station when possible; check with your College & Career Center. Tri-Met passes are always available in the Main Office.		
What to wear:	Dress nicely. Business casual attire is great use your best judgement. No shorts, sweat pants, crop tops, hats, t-shirts with objectionable logos/graphics or gum.		
Absences:	Parkrose: If classroom activity is not available	achers to make up work for excused absences. for makeup, an alternate assignment will be nissed plus one day to complete make-up work.	
For more information:	Visit <u>www.portlandworkforcealliance.org/ever</u> <u>Students</u> should direct questions to the Collect <u>School Contacts</u> should direct questions to P		

By signing below the student and parent/guardian acknowledge the following:

- The student will attend and participate fully in activities and the entire program.
- The student will not be allowed to leave the premises or leave early; attendance will be taken periodically.
- The student agrees to conduct him/herself appropriately as representatives of his/her school.
- The student agrees to show respect for PWA and event staff, school personnel, and other students.
- The student will dress appropriately for the event. (See "What to wear" above.)
- The parent/guardian gives permission for the student's picture or video to be taken at the event and for those photos or recordings to be used for promotional and educational purposes.
- The parent/guardian permits the student's name to be on participant roster distributed to school contacts.
- Portland Workforce Alliance and other involved companies and school districts (named above) have no liability for this
 activity. Each participant is responsible for his/her own safety and agrees not to look to PWA or other involved parties with
 regard to liability for any claims related to participation in activities at the event.
- The student will abide by employer non-disclosure policies, such as restrictions on taking photographs or sharing any
 proprietary information.

STUDENT			
Student Name (Print):	School:		
Grade: 🗆 9 🗆 10 🗆 11 🗆 12	Best way to reach you: □ Cell phone □ Email		
Cell phone:	Email (Print clearly):		
Student signature:	Date:		
PARENT/GUARDIAN PERMISSION			
Parent/Guardian Name (Print):	Day phone:		
Parent/Guardian signature:	Date:		
SCHOOL CONTACT ENDORSEMENT			
School Contact Name (Print):	School job title:		
Day phone:	Email (Print clearly):		
School contact signature:	Date:		

PARKROSE | TURN IN COMPLETED FORM TO COLLEGE & CAREER CENTER ALL OTHERS: EMAIL COMPLETED FORM (VIA SCAN OR PHOTO) TO career@portlandworkforcealliance.org