

# EARLY RELEASE PROGRAM APPLICATION

## Student Contact Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone or Cell: \_\_\_\_\_

## Workplace / Employment Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone or Extension: \_\_\_\_\_  
Hire Date: \_\_\_\_\_  
On average, how many hours do you work in a week? \_\_\_\_\_  
Duties / Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation from school to your place of employment?  Yes  No

## Student Statement of Agreement

By signing this form, I am acknowledging that I have read the Early Release Program policies for Tabernacle Christian School and agree to adhere to those policies. I also acknowledge that the above information I have provided is true and accurate.

TCS Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Statement of Agreement

By signing this form, I acknowledge my child has permission to participate in Tabernacle Christian School's Early Release Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_