

FORT LA BOSSE SCHOOL DIVISION

TITLE - **SENIOR YEARS APPRENTICESHIP OPTION*POLICY - IHAQA-E2**

Cross Reference - **EEAG-R**
EEAG-E

Resolution # - 219/16
Legal Reference -

Last Reviewed - 26/09/16



Fort La Bosse School Division
High School Apprenticeship Program

Box 1420 Virden, Manitoba R0M 2C0
Telephone (204)748-2692 Fax (204)748-2436 Cell (204) 851-2565

HSAP EXPECTATIONS FOR PARENTS

- 1. It is essential that you are comfortable with your child's work placement. The school has no control over the workplace. We cannot monitor things such as safety on-site, language exposure or any other hazards that might exist at a worksite.*
- 2. The students and/or parents are responsible for all transportation arrangements to and from the worksite. This includes any liability arising from such arrangements.*
- 3. The school has no control over the workplace in terms of the amount of time that a business might give to an apprenticeship student or the type of work that a student might be expected to perform. Often the student will begin by doing "grunt work" and menial tasks while they establish a relationship with their employer and the worksite. If the employer is not satisfied with the work of a student, or if there is not enough work to justify their employment, or if they simply want to terminate this arrangement for reasons of their own, they have the right to do so within the labour laws of the province.*
- 4. The school will endeavor to set up a valuable educational opportunity for your child in the HSAP program. However, if at any time you feel uncomfortable with the working conditions for your child, it is your responsibility to keep them safe. Contact the school HSAP coordinator immediately with your concerns and we will endeavor to rectify the situation or terminate the arrangement as circumstances dictate.*
- 5. Parents must sign the apprenticeship agreement and other appropriate paperwork as required, and also ensure that the \$50 registration fee is paid as per the HSAP agreement.*

Terms of Agreement:

*I (We) have read the expectations above and agree to the participation of our child,
_____ in the HSAP program.*

Parent's Signature: _____ Date: _____