San Francisco Unified School District

Student Application
WorkAbility I

Program: Special Education Services/WorkAbility I

Contact/Agency: ___________________________________________________

Location: 750 25th Ave., San Francisco, CA 94121

Phone: 415-379-7665 or 379-7660
Student WorkAbility I Application

Complete this form. Parent/guardian and student must sign the agreement. Print in black or blue ink.

Return this form to the Special Education Services WAI Program, 750 25th Ave SF CA 94121

• GENERAL INFORMATION

☐ Male ☐ Female

Last Name, First Name, Middle Name (as it appears on your Social Security Card)

( )

Address

Home Phone #

City State Zip Code

Social Security Number Date of birth

Current School Name Current Grade

Are you a citizen of the United States of America? ☐ Yes ☐ No

• EMERGENCY INFORMATION

List two emergency references not living with you.

NAME RELATIONSHIP ADDRESS PHONE NUMBER

NAME RELATIONSHIP ADDRESS PHONE NUMBER
• PERSONAL INFORMATION (OPTIONAL)

Please check the appropriate box below (Check only one box)

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☐ African American ☐ Guamanian ☐ Pacific Islander
☐ American Indian ☐ Alaskan Native ☐ Hawaiian
☐ Samoan ☐ Hispanic/Latino ☐ Vietnamese
☐ Asian Indian ☐ Japanese ☐ Other Asian
☐ Cambodian ☐ Korean ☐ Multi-Ethnic
☐ Chinese ☐ Laotian ☐ Other _________________
☐ Filipino

I am currently enrolled in: ☐ Special Education ☐ Gifted Education
☐ Bilingual Education ☐ Other

• READ AND SIGN BELOW

Parent/guardian signature required: I have read this application and would like my son/daughter to enroll in a paid internship. I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in the disqualification or dismissal from employment with the San Francisco Unified School District.

__________________________________
Student Signature

Parent/Guardian signature (required only if participant is under 18 years of age)

_______________________________
Parent/Guardian work phone

Your signature required: I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false, incomplete, or incorrect statement may result in the disqualification or dismissal from employment with the San Francisco Unified School District.

__________________________________
Student Signature