

MARIANO LAKE CHAPTER

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STUDENTS EMPLOYMENT & TRAINING PROGRAM PARENTAL CONSENT FORM

Email: marianolake@navajochapters.org

Student Name:	DOB:
1) Parent/Legal Guardian Name:	
Cell Number:	Alternate Number:
Mailing Address:	
Physical Address:	
Name of Chapter Registered With:	
2) Parent/Legal Guardian Name:	
	Alternate Number:
Mailing Address:	
Physical Address:	
	026 Winter Student Employment
Location of Worksite: Within the Ma	riano Lake Chapter Boundary
Job Title: Student Laborer	Hourly Wage: \$11.56
Starting Date: <u>December 22, 2025</u>	Ending Date: January 2, 2026
I	, am the parent/legal guardian (circle one)
	, Age I, consent him/her to
participate in the temporary employr	ment and related activities with the Student
Employment and Training Program at	t the worksite which is within the Mariano Lake
Chapter boundary as indicated in the	starting and ending date.
Name of Consenting Parent:	
Parent Signature:	Date: