

# Faith Christian Academy

4301 North Shary Road Palmhurst, Texas 78573

Tel. (956) 581-7777 Fax (956) 581-7786 [school@fcaknight.org](mailto:school@fcaknight.org)

## Student Work Permission Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

I give my permission for my child to work in this job. I, as a parent, will monitor to be sure that school work is done completely and properly and not sacrificed for the job.

\_\_\_\_\_  
Signature of Parent

This student has shown that he is capable of keeping up with his school work and handling the responsibilities of a job.

\_\_\_\_\_  
Signature of Teacher