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Dear Parent/Guardian,

Your student qualifies to participate in MVRHS Work Study, Mentorship, Cooperative Education Program under recognized State and local educational authorities. In addition to following the Vocational Technical Education Regulations 603 CMR 4.03 (4) requirements, the district is also requiring an additional parent/guardian signature giving their student permission to work for the employer listed below during the pandemic. The employer will submit a signed COVID-19 Control Plan. These additional signatures are to provide full disclosure to all parties due to the Coronavirus (COVID-19) pandemic. If for any reason the company changes their safety procedures or cannot meet the Commonwealth of Massachusetts COVID 19 guidelines, the student will return to school.

I, \_\_\_\_\_ (Name of parent/  
guardian) Give permission for

\_\_\_\_\_ (Name of student) to  
participate in the MVRHS program working or mentoring for the business listed  
below.

Name of business: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Signature of  
student \_\_\_\_\_ Date: \_\_\_\_\_

Please contact the CTE office, Room 200, if you have any questions.

Fran Finnigan  
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