CCSD
CLARK COUNTY
SCHOOL DISTRICT

2025-2026 Food Service Student Worker Agreement

By signing this form I acknowledge that I have read and understood the statements listed below. Signatures have to be handwritten. ***Electronic signatures will not be accepted.***

I understand that when applying, I need to use my student CCSD email address.

I understand that if I forget my username or password, I will contact Human Resources for assistance, and will not create a new application. ***Human Resources phone number is 702-799-2992.***

I understand that I am not guaranteed employment by applying or completing this form.

I understand that if an offer of employment is received, I have to accept or decline ***within 30 days.***

I understand that if I decline an offer, it may be possible that I will not receive another offer, or it can take longer for a new offer to be sent to me.

I understand that my child will not be permitted to work in the School Cafeteria until official approval has been given to the school. I also understand that my child will only be paid for his/her approved hours

Has this student been a Food Service Student Worker before? Yes ( ) No (✓)

If so, when and where? N/A

Student Name: (printed) Annette Alexander **Student Number** 1354603

Student Signature: Annette

School Name: Las Vegas Academy of the Arts

Parent/Guardian Name: (printed) KATHERINE ALEXANDER

Parent/Guardian Signature: Kath

Relationship to Student: Mother

Today's Date: 08/12/2025

School Counselor or Administrator Approval

Name: Eileen Banda (Printed) Signature: Banda