CAREER PREPARATION APPLICATION
CLEAR SPRINGS HS

This application is for the Cooperative Education (Co-op) programs.

RETURN APPLICATION TO THE RESPECTIVE CAREER PREP TEACHER

CONFIDENTIAL **CONFIDENTIAL**

☐ MARKETING DYNAMICS CAREER PREPARATION- Ms. Heyder, Room 1713

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL BEFORE THE APPLICATION IS RETURNED. DO NOT LEAVE ANY BLANK SPACES.

Student's Full Name (PLEASE PRINT) _____ Student's Email Address _____ Grade Level Next Year _____ Early Graduate (YES/NO) _____

Student ID# _____ Birth date (month/day/year) _____ Social Security # _____ Small Learning Community (SLC) _____

Complete Mailing Address (Street, Route, Box, Etc.) _____

City _____ Zip Code _____ Home Phone # _____ Student Cell Phone # _____

Father's Name _____ Employer _____ Work or Cell Phone # _____

E-mail Address _____

Mother's Name _____ Employer _____ Work or Cell Phone # _____

E-mail Address _____

CURRENT WORK INFORMATION (if applicable)

Business Name of Present Employer _____ Phone # _____

Do you plan on keeping this job for Co-op? YES NO

Address, City, State, Zip Code

Supervisor's Name (First and Last) Employment Start Date

Job Description (detailed)

List any health condition(s) that would prevent you from working regularly.

Have you ever been assigned ISS or AEP? If yes, explain (details).

List extra-curricular activities. Will you be in athletics, band or drill team next school year?

This school district, in compliance with Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Public Law 94-142 and other statutes, seeks to provide equal opportunity without regard to race, color, religion, national origin, sex, age, or handicap.

Do you have your own transportation? **(Transportation is required)**

What type of employment are you interested in? (be specific—names of businesses or type of work)

What promoted your interest in this program?

STUDENT AGREEMENT FOR ALL COOPERATIVE EDUCATION PROGRAMS

1. I am not guaranteed a job nor am I assigned to a job. My coordinator will assist me in securing official employment. My coordinator maintains the authority to supervise my training station and finalize agreements between the employer and myself. To remain in the program, I must be employed within the first ten school days of the school year.
2. I must average a minimum of fifteen hours on the job per week. Ten of these hours must be worked Monday thru Friday. My schoolwork is not to suffer as a result of too many work hours. My conduct and dependability, which are associated with my job, are a mutual concern shared by my coordinator and my employer. I am to remain employed throughout the entire school year.
3. I will inform my coordinator promptly of any problems that arise on my job that affect me adversely either personally or professionally, and enlist his/her counsel and assistance.
4. I am responsible for my own transportation to and from my approved training station.
5. I will be on time and present consistently at school and at my approved training station. If I am unable to report to school or to work, I will notify my coordinator and employer promptly. I realize my job is an extension of my school day. If I am absent from school, I am not allowed to report to work that day.
6. Should I be temporarily unemployed for any reason, my coordinator will issue special instructions that I am to follow. I must attend school regularly and be reemployed within ten days to receive a passing grade. If my job is terminated for any reason, I will notify my coordinator immediately and I understand this may result in a failing grade.
7. I am not to change jobs without the knowledge and consent of my coordinator. If I do not have the consent of my coordinator, I will receive a grade reduction.
8. My employer may require me to work during school holidays. If my work schedule must be modified for any reason, I will notify my employer and coordinator in advance and abide by the decision of my coordinator and my employer.
9. I will display proper grooming and dress to the satisfaction of my school, coordinator, and employer.
10. School suspension and/or excessive absences (10+), for any reason, will adversely affect my cooperative education course work, and I realize that I can be scheduled out of the program.
11. I understand that program contests and other official leadership activities are an integral part of my cooperative education.
12. I must satisfactorily complete both the classroom portion and the job-training portion of the program in order to receive credit.
13. I understand that failure to comply with any conditions of this student agreement may result in loss of grade(s) and/or credit(s), and I may be scheduled out of the course.

STUDENT/PARENT AGREEMENT

My CCISD student and I have read the Student Agreement, attached policies and provisions for the Cooperative Education Program. We fully understand the requirements for participation. My CCISD student and/or I have talked with the proper counselor(s) and teacher-coordinator about this program and its eligibility requirements and qualifications. Student work schedules are derived from agreements made by the employer, teacher-coordinator, and the student. It is understood that a cooperative education student will work at his/her approved training station during the afternoon as their schedules may require. If a student fails to attend regular daily scheduled classes he/she is not to report to work that day(s) unless a valid reason is given in advance. I also realize that working closely with the teacher-coordinator and counselor in all phases of this program will help to further the educational growth of my student. I understand that misrepresentation, omission of facts, or failure to follow program guidelines called for in this application is cause for dismissal from the program.

_____ has my permission to enroll in the Cooperative Education Program for the 2011-12 school year.
(Student's Name)

_____ _____
(Student's Signature) (Date)

_____ _____
(Parent's Signature) (Date)

THE INFORMATION BELOW IS TO BE COMPLETED BY SCHOOL OFFICIALS ONLY!

REPORT CARD ATTACHED _____

ATTENDANCE INFO ATTACHED _____

DISCIPLINE INFO ATTACHED _____ or NO RECORDS OF DISCIPLINE _____
(only attach if discipline records exist)

Comments on discipline:

_____
_____
_____
_____
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_____

_____ Approved ____ Disapproved ____ _____
Coordinator's Signature Date

Comments:

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