

## APPLICATION FOR ENROLLMENT

*PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.*

Date 6/15/2016			
Name:			
Last	First	Middle	Maiden
Present Address:			
Number	Street	City	State      Zip
Telephone:		Cell Phone:	E-mail:
Age:	Date of Birth:		
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Career Objective: 1 <sup>st</sup> Choice:		2 <sup>nd</sup> Choice:	3 <sup>rd</sup> Choice:
Parent/Guardian Name(s):		Parent Cell Phone:	
		E-mail:	
Parent/Guardian Address:			
Number	Street	City	State      Zip
Indicate the type of business in which you prefer to work: <i>(Example: bank, dental, retail store, legal, manufacturing, automotive, etc.)</i>			
First Choice		Second Choice	
Do you intend to further your formal education after high school?   Technical training <input type="checkbox"/> 2 yr <input type="checkbox"/> 4yr <input type="checkbox"/> military <input type="checkbox"/> work full-time <input type="checkbox"/>			
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have any health problems that would interfere with your regular Attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain			
<b>Current or Previous Work Experience</b> <i>(List most recent position first.)</i>			
Employer	Type of Work	Employment Dates	

### Current Class Schedule

	Class	Teacher	Grade Point Avg.
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			
4 <sup>th</sup>			
5 <sup>th</sup>			
6 <sup>th</sup>			
7 <sup>th</sup>			

List as references the names of three teachers who can attest to the quality of your work.

1. \_\_\_\_\_ (Career and Technical Education Teacher if applicable)
2. \_\_\_\_\_
3. \_\_\_\_\_

To the Student:

Work-Based Learning provides an opportunity **to be considered** for **apprenticeship/internship** in business and industries in our area. You further understand that **NO apprenticeship or internship is guaranteed. You must apply, interview and compete for the placement based on your skill, your abilities and your aptitude.** When you enroll in Work-Based Learning, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. If you accept this responsibility, please sign in the space provided.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Print and sign)

To the Parent/Guardian:

Do you consent to your child entering Work-Based Learning, **arranging transportation**, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Print and sign)

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To Be Completed by the Cooperative Education Teacher-Coordinator.

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On Track for Graduation: yes No Successful completion of **Career Preparedness**: Yes No  
Current Attendance Record: No. Absences \_\_\_\_\_ No. Tardies: \_\_\_\_\_ Current Disciplinary Record: \_\_\_\_\_  
Total Reports \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

List Career and Technical Occupational Courses or Career Objective that determine student's potential placement:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Verified By \_\_\_\_\_  
Counselor/School Administrator/Cooperative Education Teacher-Coordinator

Status of Application:  Pending  Approved  Not Approved

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The (*Name of Recipient/LEA*) does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person(s) has been designated to handle inquiries regarding the non-discrimination policies:

Name and Title (i.e. 504 or Title IX Coordinator)

Name and Title (i.e. 504 or Title IX Coordinator)

Address

Address

Telephone Number

Telephone Number

E-mail Address

E-mail Address