



APPLICATION FOR ENROLLMENT-COOPERATIVE EDUCATION

PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Date _____			
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 st Choice _____ 2 nd Choice _____ 3 rd 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, insurance, automotive, medical, 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 _____			

Current or Previous Work Experience *(List most recent position first.)*

Employer	Type of Work	Employment Dates

Current Class Schedule

	Class	Teacher	Grade Point Avg.
1 st Period			
2 nd Period			
3 rd Period			
4 th Period			
5 th Period			
6 th Period			
7 th Period			

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 _____

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 _____

To Be Completed by the Cooperative Education Teacher-Coordinator.

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

The Baldwin County Board of Education 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.

For questions/concerns contact:
Leila Morris
Cooperative Education Coordinator
North Baldwin Center for Technology
251-937-6751
lmorris@bcbe.org

