



# COOPERATIVE EDUCATION APPLICATION

School Year: \_\_\_\_\_

Name \_\_\_\_\_

Pathway: \_\_\_\_\_

PATHWAY COURSES	
Pathway Courses Taken	Pathway Courses Currently Taking

If currently employed, please list where \_\_\_\_\_

Is this job in your pathway? If so how? \_\_\_\_\_

If not, have you looked for a job in your pathway? \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

**All co-op guidelines are subject to change by addition and/or deletion.**



# GUIDELINES AGREEMENT

I have read the guidelines for the Co-op Program, and I am willing to abide by them.

I understand that I can be removed from this program at any time that I fail to follow the established guidelines outlined by the work-based learning agreement and my instructor.

Student Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

# PERMISSION SHEET

\_\_\_\_\_ has my permission to participate in the cooperative education program. I understand that my child will leave school at the prescribed time each day to report to the co-op workstation and must transport themselves or be picked up by a parent or guardian once they have signed out to report to the co-op workstation.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

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