



Walled Lake Consolidated Schools

Marketing Co-Op Internship Application



Last Name	First Name	High School
Home Address	City	Zip
Home Phone Number	Cell Number (optional)	email address (required)
Graduation Year	Birthdate	
Parent/Guardian Last Name	Parent/Guardian First Name	Parent/Guardian Daytime Number
Emergency Contact Name	Emergency Contact Number	Relationship

Do you have your own transportation? Yes No

Academic History

Current GPA _____ # of Absences during school year _____

Business Department Courses Taken (please check all courses you've taken):

Course	Teacher/Building	Sem 1 Grade	Sem 2 Grade	Year Taken
<input type="checkbox"/> Marketing 1	_____	_____	_____	_____
<input type="checkbox"/> Professional Marketing	_____	_____	_____	_____
<input type="checkbox"/> Retailing / Promotion	_____	_____	_____	_____
<input type="checkbox"/> Introduction to Business	_____	_____	_____	_____

Extra-Curricular Activities – School Related

Activity	Season	School/Location	Meeting/Practice Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GUIDELINES

Co-op is restricted to seniors. A maximum of three credits is allowed per student per semester.

The employment of the trainee shall conform to all federal, state, and local laws and regulations. Students may be required to pass a physical exam, including a drug test as a condition of employment. Students may be required to work on weekends or holiday vacations. A student who loses a job because of inefficiency, lack of interest, or not abiding by employer's rules and regulations may be dropped from the program and lose credit.

A student trainee is expected to maintain a C in all related classes and subject areas. Consistently low or failing grades may be just cause for removal from the program. Any student who has a record of excessive tardiness, discipline referrals, or more than 10 absences per semester will be dropped from the program and receive no credit (E). Suspension from school will generally result in suspension from work on the suspension days.

If a student is laid-off due to company work force reductions he/she will be placed into another position without penalty to the student. If a student is fired or quits a position, he/she may receive a second job placement but will receive a grade E for the marking period. After a second firing or quit, the student will be terminated from Co-op and receive an E for the semester. No alternate class will be scheduled to replace the co-op slot and parents or guardian will be notified of the revised school hours. If a student is fired for serious cause (e.g. theft) no second placement will be made.

If a student is unable to come to school in the morning, it is generally understood the student cannot work that day. If circumstances seem to warrant working on a day the student is absent from school, the student must notify the coordinator in advance. Any student unable to work must notify the employer according to company rules and regulations. If a student fails to attend any class, but attends work, the student will be counseled the first instance, will receive a written warning upon the second, and will be dropped from the program on the third. Parental contact will be made after each warning.

The trainee must be enrolled in a related instruction class. The trainee agrees to report to the coordinator on a weekly basis, the hours, activities, and problems, which occur at the training station. The coordinator and employer will have periodic conferences during the student's term of employment. The employer will rate the student trainee each marking period on a form provided by the coordinator and will arrange for a minimum average of 10 hours per week of work. The trainee and/or parents will be responsible for providing transportation to the training station.

No student may work for a parent. The co-op training station must be within a 15 mile radius of the school.

A student's place of employment will be the training station until graduation. No trainee may terminate work without the knowledge and consent of the coordinator and the employer.

ACCEPTANCE INTO THIS PROGRAM WILL DEPENDENT ON REVIEW OF NUMBER OF POTENTIAL CO-OP STUDENT'S ABSENCES AND DISCIPLINE REFERRALS.

Please return this SIGNED and completed application to your schools counseling department.

I certify that the statements made by me on this application are voluntary, true and correct to the best of my knowledge and belief, and are made in good faith. I understand that the information I have provided is subject to review and verification. If I knowingly make any misstatement(s) of fact(s) I understand I may not be accepted into the co-op program.

Student Signature

Student Name (Print)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Counselor Signature

Counselor Name (Print)

Date

Coordinator Signature

Coordinator Name (Print)

Date