



**INTERDISCIPLINARY COOPERATIVE EDUCATION  
(I.C.E.)  
Student Application – 2024-2025**

**\*Please print in blue or black ink!**

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

Semester: \_\_\_\_\_

**Student Name**

---

**Address**

---

**Phone**

**E-Mail**

---

**Parent/Guardian Name**

**Cell Phone #**

---

**Mother's Workplace**

**Phone #**

---

**Father's Workplace**

**Phone #**

---

**Emergency Contact Person**

**Phone #**

---

**Driver's License #**

**/Transportation**

---

**Will You be 18 years old  
during your senior year**

**Date of Birth**

---

**If you are under 18, can you  
furnish a work permit?**

---

**Are you able to meet the attendance requirements of participating in the ICE program?**

---

**Are you able to work at least 15 hours per week?**

**YES**

**NO**

---

**Employment History (beginning with most recent employer)**

**Name of Employer**

**Dates**

**Position**

**Salary**

---



---

**Three References: (Not related / At least two references should be a teacher, administrator or counselor)**

**Name of References**

**Position**

**Telephone #**

**Years Acquainted**

---



---



---

**Summarize any training, skills or qualifications that you have acquired.**

---



---



---



---

**INTERDISCIPLINARY COOPERATIVE EDUCATION (I.C.E.)**

**Student Application**

*Mt. Vernon High School – Page 2*

**Student Name**

---

**Personal Qualities**

List extracurricular activities, hobbies, interests, etc. that you participate in.

---

---

---

---

**Career Aspirations**

Please list in detail your career goals beyond high school.

---

---

---

---

---

---

---

---

---

---

**Additional Information**

Please list in detail any additional information that may be helpful in job placement or may assist in finding a possible career.

---

---

---

---

*I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, my enrollment in the ICE program and, if I am employed, my employment may be terminated at any time.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date