



Greater Lowell Technical High School

Respect - Effort - Accountability - Commitment - Honesty

COOPERATIVE EDUCATION STUDENT APPLICATION

The Greater Lowell Technical High School does not discriminate on the basis of race, color, religious creed, national origin, limited English proficiency, sex, sexual orientation, age, gender identity, criminal record, disability, veteran status, genetic information, pregnancy or a condition related to said pregnancy, and homelessness in the administration of its educational and employment policies, programs, practices or activities, as required by the Title IX of the 1972 Federal Education Amendments, by Section 504 of the 1973 Rehabilitation Act and by Chapter 622 of the General Laws of the Commonwealth of Massachusetts.

M.G.L. Chapter 74 and 603 CMR 4.03 (7)

This is an agreement between an Equal Opportunity Employer and the School Committee of Greater Lowell Technical High School to provide a student who is enrolled in a (Ch. 74-approved) vocational technical education program with an organized progressive and diversified paid employment experience that will provide him/her with employability and technical skills that are not acquirable in a school-based setting. Applicants with disabilities and/or significant health issues should voluntarily self-identify for the purpose of requesting reasonable accommodations at the workplace.

STUDENT INFORMATION REQUIRED FOR CO-OP WORK PERMIT

First and last name: _____

Address: _____

Cell or home phone: _____

Email: _____

Technical Program: _____

Grade: _____ Date of birth: _____

Hair Color: _____ Eye Color: _____

STUDENT EMPLOYMENT INFORMATION

Do you have reliable transportation to/from work? YES NO

Do you have a driver's license? YES NO

Are you available to work part time after school if needed? YES NO

Are you available to work full time during shop week? YES NO

Have you read and agree to follow all the rules and regulations as outlined in the **Gr. Lowell Tech Student Handbook**? YES NO

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, please provide details and dates: _____



TECHNICAL, ACADEMIC, and ADMINISTRATIVE APPROVALS

Technical

Has this student completed 1 ½ years of instruction in this vocational/technical program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has this student satisfactorily completed all appropriate safety instruction for this vocational/technical program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you recommend this student for cooperative education placement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Additional Comments:		

Sr. Technical Instructor Signature: _____ Date: _____

Jr. Technical Instructor Signature: _____ Date: _____

Theory Instructor Signature: _____ Date: _____

Academic

This student has met the initial eligibility requirements, as outlined in the student handbook, and is applying to participate in the Cooperative Education Program. Please sign below:

Subject	Signature
English	
History / Social Studies	
Math	
Health	
Science	
Study Skills	
Other	

Administrative

Signature	
School Counselor	
CTE Chairperson	
Asst. Principal/Dean of Students	
Dir of Co-op / Co-op Coordinator	



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PARENT / GUARDIAN INFORMATION

First and last name: _____
Address: _____
Cell or home phone: _____
Email: _____

SIGNATURES

- | |
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| 1. The statements and information furnished in this application are true and complete. |
| 2. We give permission for the student named in this application to participate in the Cooperative Education. |
| 3. We give permission for the representative of Greater Lowell Technical High School to release technical records including competency attainment lists, grades past and present, and any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation. |
| 4. We understand if at any time the student is not meeting the requirements of the cooperative education program with regards to grades, attendance, discipline, performance, and/or behavior, the student will be removed from the cooperative education program. |
| 5. We are aware the student may be required to travel to different job sites, potentially out of state. Students are responsible for providing their own transportation to / from work each day. |
| 6. We have read and agree to the student responsibilities as listed in the Cooperative Education Student Manual. |
| 7. We give permission for the student to complete the employer's hiring process. This may include but not limited to: completing an application, vaccination requirements, background checks and drug screening (if required). |
| 8. Prior to the student's start date, students with disabilities and/or significant health issues should voluntarily self-identify for the purpose of requesting reasonable accommodations at the workplace including, but limited to: diabetes, asthma, allergies, cardiac conditions, seizures, etc). It is suggested students who are prescribed an Inhaler and/or Epipen should carry it with them to the workplace. |

Our signatures certify that we have read and agree with the above statements.

Student Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____