



Butler County Area Vocational-Technical School

Cooperative Education Pre-Approval

Student's Name _____ Date _____

BCAVTS Program _____

BCAVTS Instructor _____ BCAVTS Program _____

Date _____

Recommended _____

BCAVTS Instructor's Signature _____

Comments

Student's Signature of Acknowledgment _____

Date _____

My son/daughter has my permission to participate in the BCAVTS Co-op Program. I understand that the Co-op Coordinator will share academic, attendance and health records with the employer related to the job.

Parent/Guardian's Signature of Acknowledgment _____

Date _____

**Completing this Recommendation DOES NOT guarantee the student's acceptance into the Co-op Program.*

**Packets A, B, & C must be completed once approved for Co-op Program.*

**Completing Packets A, B, & C DOES NOT assure the student of a Co-op job or credit.*

**A student can be revoked from Co-op at any given time.*