



2026-2027 COOPERATIVE EDUCATION APPLICATION FOR ENROLLMENT

PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Date _____				
Name _____				
Last	First	Middle	Maiden	
Present Address _____				
Number	Street	City	State	Zip
Telephone () _____		Cell Phone () e-mail: _____		
Age _____	Date of Birth [- -] _____			
Do you have a driver's license? ☐ Yes ☐ No Do you have access to a car/other mode of transportation? ☐ Yes ☐ No				
Career Objective: 1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____				
Parent/Guardian Name(s) _____		Parent Cell Phone () _____ e-mail: _____		
Parent/Guardian Address _____				
Number	Street	City	State	Zip
Indicate the type of business in which you prefer to work: (Example: bank, dental, retail store, legal, manufacturing, insurance, automotive, medical, etc.) First Choice _____ Second Choice _____				
Do you intend to further your formal education after high school? Technical training ☐ 2 yr. ☐ 4yr ☐ military ☐ work full-time ☐				
Are you under a doctor's care? ☐ Yes ☐ No				
Do you have any health problems that would interfere with your regular attendance on a job? ☐ Yes ☐ No				
If yes, please explain _____				

Current or Previous Work Experience (List most recent position first.)

Employer	Type of Work	Employment Dates

Current Class Schedule

	Class	Teacher	Grade Point Avg.
1 st Block			
2 nd Block			
3 rd Block			
4 th Block			

List as references the names of three teachers who can attest to the quality of your work.

1. _____ (Career and Technical Education Teacher if applicable)
2. _____
3. _____

To the Student:

Work-Based Learning provides an opportunity **to be considered for apprenticeship/internship** in business and industries in our area. You further understand that **NO apprenticeship or internship is guaranteed. You must apply, interview and compete for the placement based on your skill, your abilities and your aptitude.** When you enroll in Work-Based Learning, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. If you accept this responsibility, please sign in the space provided.

Student Signature _____ Date _____

To the Parent/Guardian:

Do you consent to your child entering Work-Based Learning, arranging transportation, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: _____ Date _____

To Be Completed by the Cooperative Education Teacher-Coordinator.

On Track for Graduation: ____yes ____No Successful completion of **Career Preparedness:** ____Yes ____No

Current Attendance Record: No. Absences _____ No. Tardies _____

Current Disciplinary Record: Total Reports _____ Cumulative GPA: _____

List Career and Technical Occupational Courses or Career Objective that determine student's potential placement:

1. _____ 2. _____
3. _____ 4. _____

Verified By _____
Counselor/School Administrator/Cooperative Education Teacher-Coordinator

Status of Application: ☐ Pending ☐ Approved ☐ Not Approved

EQUAL EDUCATIONAL OPPORTUNITIES It is the policy of the Athens City Board of Education not to discriminate on the basis of race, color, national origin, sex, disability, age, religion, or marital status in the education programs, activities or employment, and provides equal access to the Boy Scouts and other designated youth groups. The following person has been appointed to coordinate compliance efforts: Title IX/ Section 504/ADA –Mrs. Dimika Cummings (256) 233-6600

Contact Person:

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