

COOPERATIVE EDUCATION PROGRAM

Student Application

Southeastern Regional Vocational Technical High School

250 Foundry Street, South Easton, MA 02375

Phone: 508-230-1200

Email: hireahawk@sersd.org

STUDENT DATA

Student's Name: Last: _____	First: _____	Middle: _____	Mr. •	Ms. •
Home Address: Street and Number: _____				
City/Town: _____	State: _____	Zip Code: _____		
Vocational Technical Program: _____	Email: _____			
Home Phone # _____	_____			

STUDENT EMPLOYMENT INFORMATION

Do you have transportation to/from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number _____	
Are you available to work part time after school if requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you available to work full time (40 hours) during shop week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list any days and/or hours that you are unable or unwilling to work? _____		
Do you agree to follow all the rules and regulations for participation in this program as outlined in the student handbook?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony or a misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, give details including date and nature of offense: _____		

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: Last: _____	First: _____
Home Address: Street and Number: _____	
City/Town: _____	State: _____ Zip Code: _____
Home Phone Number: _____	Work Phone Number: _____
Home Email: _____	Work E mail: _____

SIGNATURES

1. The statements and information furnished by us in this application are true and complete.
2. We give permission for the student named in this application to participate in cooperative education.
3. We give permission for representatives of the school to release academic and technical records including Competency Attainment Lists, and grades, past and present, as well as any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation.
4. We understand that if at any time, in the opinion of the cooperative education coordinator, the student is not meeting the requirements of this program with regards to grades, attendance, attitude and/or performance his/her placement will be terminated.

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

Signature of Student

Date

Signature of Parent/ Guardian

Date

ADMINISTRATOR APPROVAL SIGNATURE

Co-Op Coordinator		Date
Final Approval Principal		Date

COOPERATING EMPLOYER

Student's shop: _____

Name of Business: _____

Address: Street and Number: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____

Student's Supervisor: _____

Email address: _____