

COOPERATIVE EDUCATION COURSE APPLICATION

Greater Lawrence Technical School
57 River Road, Andover, MA 01810
Telephone (978) 686-0194 Fax (978) 681-7783

Greater Lawrence Technical School admits students and makes available to them its advantages, privileges, and courses of study without regard to race, color, gender identity, religion, national origin, sexual orientation, or disability.

STUDENT INFORMATION

STUDENT NAME

Last: _____ First: _____ Middle: _____

HOME ADDRESS

Number and Street: _____

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

Telephone: _____ E-Mail: _____

Hair Color: _____ Eye Color: _____

Date of Birth: _____

STUDENT EMPLOYMENT INFORMATION

Please include a copy of your resume with this application.

Career/Technical Program: _____

Do you have transportation to/from work? Yes No

Do you have a driver's license? Yes No License Number: _____

Are you available to work part-time after school if requested? Yes No

Are you available to work full time during shop week? Yes No

Please list any days and/or hours that you are unable or unwilling to work: _____

Do you agree to follow all of the rules and regulations for participation in this program as outlined in the Student Handbook? Yes No

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME

Last: _____ First: _____

HOME ADDRESS

Number and Street: _____

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

Home Telephone: _____ Work Telephone: _____ Cell: _____

Home E-mail: _____ Work E-mail: _____

SIGNATURES

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 Cooperative Education.
3. We give permission for the representatives of the school to release technical records including Competency Attainment Lists, and shop/related grades, past and present, that may be required by potential employers for the purpose of evaluation.
4. We understand that if at any time, in the opinion of the Cooperative Education liaison, 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.
5. We are aware that based on the nature of the Cooperative Education placement, the student may be required to travel to different job sites, potentially out of state.

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

Parent/Guardian Signature:

Date:

Student Signature:

Date:

TECHNICAL LEAD TEACHER

Has the student completed two years of instruction in this vocational technical program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this student satisfactorily completed all appropriate safety instruction in this vocational technical program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this student completed the OSHA 10-hour training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has this student attained a sufficient level of achievement in the school-based vocational technical program in preparation for transition into a work-based learning environment at this time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Do you recommend this student for Cooperative Education placement at this time?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Lead Teacher:	Date:

RECOMMENDATIONS

This student has met the initial eligibility requirements, as outlined in the Student Handbook, and is applying to participate in Cooperative Education and needs your recommendation to do so. If you feel that this student has acquired the necessary knowledge and skills to be successful in Cooperative Education and you would like to recommend him/her for placement at this time, check Yes. Please note that if it becomes necessary to withdraw your recommendation during the school year, simply notify the Cooperative Education Liaison in writing.

SUBJECT	SIGNATURE	RECOMMENDATION
English Language Arts		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mathematics		Yes <input type="checkbox"/> No <input type="checkbox"/>
Guidance Counselor		Yes <input type="checkbox"/> No <input type="checkbox"/>
Attendance Counselor		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dean of Discipline		Yes <input type="checkbox"/> No <input type="checkbox"/>
Cooperative Education Liaison		Yes <input type="checkbox"/> No <input type="checkbox"/>

FOR OFFICE USE ONLY

Place of Employment:	Start Date/End Date:	Rate of Pay:
<u>Orientation date:</u>		