

***INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!**

PLEASE COMPLETE IN BLUE OR BLACK INK

****Applicants must have a minimum GPA of 2.0 to be considered for Work Based Learning/Cooperative Education***

****Students must complete a separate career goal request/rationale for consideration to work for a family business for school credit or for a business outside of the 18-mile radius of the school.***

CHELSEA HIGH SCHOOL COOPERATIVE EDUCATION

2021-2022

STUDENT APPLICATION FOR ENROLLMENT

Name _____ School _____

Address _____ Student Cell # _____
(Please write clearly & include area code!)

Age _____ Date of Birth _____

Do you have a driver's license? () Yes () No Do you have access to a car? () Yes () No

**YOU MUST HAVE SUCCESSFULLY COMPLETED CAREER PREPAREDNESS TO QUALIFY FOR
COOPERATIVE EDUCATION.**

Middle school courses will not apply to cooperative education eligibility.

Career Objective (Goal) _____

Parent/Guardian Name(s) _____

Parent/Guardian E-mail _____

Parent/Guardian Cell # _____

Are you interested beginning work this summer? () Yes () No () Full-time () Part-time

Indicate the type of business in which you prefer to work: *(Example: bank, dental, department store, legal, manufacturing, insurance, medical, etc.)*

First Choice _____ Second Choice _____

Reason for above preference _____

Previous/Present Work Experience

(List most recent position first.)

Place of Employment	Type of Work	Employment Dates

List as references the names of three (3) CURRENT teachers who can attest to the quality of your work. THEY DO NOT HAVE TO SIGN THIS FORM. ONLY GIVE THEIR NAMES.

1. _____(Career Preparedness Teacher)
2. _____
3. _____

To the Student:

Cooperative Education provides an opportunity to be considered for employment in businesses and industries in our area. When you enroll in Cooperative Education, you indicate that agree to abide by all cooperative education rules and policies. 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 Cooperative Education and agree to cooperate with the school and employer to support the rules and policies of this program? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: _____ **Date**_____

To Be Completed By Cooperative Education Teacher-Coordinator and Office

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

Current Disciplinary Record: Total Reports _____ Cumulative GPA: _____

List course that determines student's eligibility: _____

Status of Application: () Pending () Approved () Not Approved

Comments: _____
