

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? 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 (40 hours) 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 the rules and regulations for participation in this program as outlined in the student handbook? Yes No

Have you ever been convicted of a felony or a misdemeanor? Yes 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

Name of Firm: _____

Address: Street and Number: _____

City/Town: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Nature of Employer's Business: _____

Number of Employees: _____

Hiring Person: _____

Student's Supervisor: _____

Email Address: _____

Email Address: _____