

(SAMPLE)

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 ()	
Age	Date of Birth [- -]		
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Career and Technical Occupational Program Completed or Enrolled In:			
Career Objective: 1 st Choice _____ 2 nd Choice _____ 3 rd Choice _____			
Parent/Guardian Name(s)		Business or Cell Phone ()	
Parent/Guardian Address			
Number	Street	City	State Zip
Are you interested in summer employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any health problems that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain			
Previous Work Experience (List most recent position first.)			
Employer	Type of Work	Employment Dates	

Current Class Schedule

	Class	Teacher	Grade Point Avg.
1 st Period			
2 nd Period			
3 rd Period			
4 th Period			
5 th Period			
6 th Period			
7 th Period			

List as references the names of three teachers who can attest to the quality of your work. One must be your current or previous occupational teacher.

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

To the Student:

Work-Based Learning provides an opportunity to be considered for employment/training in business and industries in our area. 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, providing 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 Workplace Experience Coordinator.

Current Attendance Record: No. Absences _____ No. Tardies _____
Current Disciplinary Record: Total Reports _____ Cumulative GPA: _____

List Career and Technical Courses that determine student's eligibility for participation:

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

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

Status of Application: Pending Approved Not Approved
