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| COOPERATIVE EDUCATION PROGRAM |
| Student Application |

**Old Colony Regional Vocational Technical High School**

**476 North Ave., Rochester, MA 02770**

Telephone (508) 763-8011 FAX (508) 763-9821

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| **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 # |  |  |  |
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| **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 currently participating in sports?  Yes  No Would this affect your co-op availability? |  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 |
| Do you understand and agree to meet the “Conditions of Co-op Employment” outlined on the final page of this application? |  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 Email: |  |
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| **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 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.*** |
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| ***Signature of Student*** | Date | ***Signature of Parent/ Guardian Date*** |
| **VOCATIONAL TECHNICAL TEACHER APPROVAL SIGNATURES** |
| Has the student completed 2 years of technical instruction? |  Yes  No |
| Has the student completed safety instruction including earning a safety credential? |  Yes  No |
| Has student completed required sections (2, 3, 6, 7) of the graduation portfolio? |  Yes  No |
| Has the student attained a sufficient level of achievement in the school-based vocational technical program in preparation for transition into a work-based learning environment? |  Yes  No |
| Recommend student for Cooperative Education placement |  Yes  No |
| Shop Teacher |  | Date |
| Related Teacher |  | Date |
| **GUIDANCE COUNSELOR APPROVAL SIGNATURE** **(Vocational Teacher signatures required *BEFORE* meeting with Guidance Counselor)** |
| Meeting held with student | Date |
| Reviewed with student his/her grades, attendance & discipline |  Yes  No |
| Reviewed “Conditions of Cooperative Education” with student |  Yes  No |
| Recommend student for Cooperative Education placement |  Yes  No |
| Guidance Counselor |  | Date |

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| **COOPERATING EMPLOYER INFORMATION** |
| Name of Firm: |  |
| Address: Street and Number: |  |
| City/Town: |  | State: |  | Zip Code: |  |
| Phone Number: |  | Fax Number: |  |
| Nature of Employer’s Business: |  | Number of Employees: |  |
| Student’s Supervisor |  | Email Address: |  |

WORK PERMIT INFORMATION

Year of Graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What hospital/city where you born in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eye color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of cooperative work site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| COOPERATIVE EDUCATION PROGRAM |
| Conditions of Cooperative Education Employment |

In order for a student to participate in Old Colony’s Cooperative Program, the student agrees to the following conditions of employment:

* Portfolio Assessment Notebook and Career Plan must be up to date. To remain eligible for third trimester co-op, seniors must have portfolio completed and signed by their shop and related instructor(s) by the end of the second trimester.
* Student must complete reflection each cycle.
* Student must pass all Shop and Related Chapter 74 requirements.
* Student must pass their specific shop safety certification in order to enter co-op employment.
* Student must have a cumulative average of 70(C-), with no individual grade being below a 65 (D) to be eligible to participate in the cooperative experience. The final determination of eligibility will be under the discretion of administrative policies and shop instructors.
* Student must maintain good attendance and discipline record (in accordance with school policy).
* Student is required to work 30 hours per week. Student must notify shop instructor **and** schoolattendance office (508-763-8011 x111) immediately in the event that he/she misses a co-op work day.
* Student is responsible for having the Employment Evaluation Form filled out by employer and returned to their respective shop instructor within one academic week (5 days) of returning to school. The student will not be allowed to return to the co-operative worksite for at least one complete shop cycle if the return of the form exceeds the five day period.
* Student who has not passed the MCAS must be willing to attend morning MCAS support classes or summer MCAS support classes.
* Student must work at a site that contains advance skill training (as determined by the instructors and in accordance with the Vocational Frameworks).
* Upon receipt of the Student Attendance Failure List, students on Co-op have forty –eight hours to produce documentation that substantiates excused absences, as stated in the Attendance Policy in the Student Handbook. If documentation cannot be produced, the student will immediately return to his/her program.
* As part of the hiring process, an employer may request that a student be drug tested. Students under 18 years old will be required to have parental consent for testing. School administration will be notified of testing results.
* According to M.G.L. c. 151A Section 6 (k), co-op students are not eligible for unemployment benefits.