

Co-op Work-Based Learning Application

School name _____

Student's full name _____ Date of birth _____

Contact information: Cell phone _____ Email _____

Address _____
Street address City, state, zip code

What co-op position are you interested in? _____

What class(es) will you be taking as a senior that relate to the co-op position you are interested in?

EDP Career Goal / Xello pathway *(ask your counselor if you're unsure)* _____

Are you currently working? Yes No

If yes, provide name of supervisor _____

Supervisor's contact info _____
Cell phone Email address

CTE course (if not taking, write "N/A") _____

Teacher

I approve this student to complete a Co-op experience for the 2023-24 school year based on their employability and technical skills.

CTE/subject matter teacher name _____

CTE/subject matter teacher signature _____ Date _____

Student

I am aware that I must be at least 17 and have a placement/job that aligns with my EDP before the 2023-24 school year begins to be eligible for Co-op.

Student's signature _____ Date _____

Parent/Guardian

I am aware that my child must be at least 17 and have a placement/job that aligns with their EDP before the 2023-24 school year begins to be eligible for Co-op.

Parent/Guardian name _____

Parent/Guardian signature _____ Date _____

Contact information: Cell phone _____ Email _____