

WHITNALL HIGH SCHOOL

CHARLES TOLLEFSEN, PRINCIPAL



WHITNALL HIGH SCHOOL COOPERATIVE EDUCATION PROGRAM APPLICATION FORM

Student Name: _____ Cell #: _____

What is your current plan for after high school ?

- Apprenticeship
- Job training program
- Work
- 2 yr technical school or college
- 4 year college
- Unsure

Where do you plan to attend after high school? _____

What is your course of Study: _____

Is your current employment related to your post high school career goals? Yes No

If yes, please Provide a brief rationale of how your current position connects to the career pathway you are pursuing.

List any past work experience:

Name of Company	Type of Work	Months Worked	Supervisor Name	Supervisor Phone number

Your Worksite Information:

Name of company:

Address of company:

Name of Manager or Supervisor:

Manager Phone Number :

Your job title & duties :

Approx weekly Hours of Employment:

Do you have the ability to expand your work hours into the school day should you be granted early release?

YES NO

If yes, please obtain a short note from your supervisor indicating school time hours may be given to allow for early release.

By applying, I understand that I will be required to complete the following:

- Student learning for the completion of the competencies on the applicable program student portfolio checklist
- Two semesters of related classroom instruction integrating employability skills
- Paid work experience under the supervision of a workplace mentor for an average of 12-15 hours per week (minimum of 240 hours per semester)
- Career planning and placement based on the student’s academic and career plan and ability.
- Student employment must be secured before the beginning of the semester and maintained throughout.
- Proof of hours (pdf of paycheck stub) must be submitted every two weeks to the Whitnall co-op supervisor.

Your signature and your parent’s signature indicate that you agree to follow all rules of the Cooperative Education Program and those of Whitnall High School as found in the school handbook. Failure to do so will result in an unsatisfactory grade and possible termination from the program. Submission of this application does not guarantee acceptance into the Cooperative Education program.

The undersigned will comply with this training agreement.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____