

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

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 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: _____

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.

Signature of Student

Date

Signature of Parent/ Guardian

Date

VOCATIONAL TECHNICAL TEACHER APPROVAL SIGNATURES

Has the student completed 2 years of technical instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student completed safety instruction including earning a safety credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has student completed required sections (1,3,4,7,8) of the graduation portfolio?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommend student for Cooperative Education placement	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed “Conditions of Cooperative Education” with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommend student for Cooperative Education placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guidance Counselor	Date

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 _____

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 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** school attendance office (508-763-8011 x166) 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.