

# 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.*

<i>Signature of Student</i>	Date	<i>Signature of Parent/ Guardian</i>	Date
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## 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 (2, 3, 6, 7) 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 \_\_\_\_\_

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## 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** school attendance 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 by the first Wednesday of the cycle (3 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.
- In the event of school closure due to inclement weather, that the student is not required to go to co-op on that day. The student must call the employer to inform of school closure. If the parent/guardian deems it safe for the student to travel to co-op, they may do so.