



OLD COLONY

REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL DISTRICT
476 North Avenue, Rochester, Massachusetts 02770-1899
Telephone: 508-763-8011 • Fax: 508-763-9821



COOPERATIVE EDUCATION

Student Application

STUDENT DATA				
Student's Name:				
	<i>Last</i>	<i>First</i>	<i>Middle</i>	
Vocational Technical Program:				
Home Address: (Street & Number)				
City/Town:		State:		Zip:
STUDENT EMPLOYMENT INFORMATION				
Do you have transportation to/from work?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number:		
Are you available to work part time after school if requested?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently participating in sports? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would this affect your co-op availability?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand and agree to meet the "Conditions of Co-op Employment" outlined on the final page of this application?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or a misdemeanor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give details including date and nature of offense:				
PARENT/GUARDIAN INFORMATION				
Parent/Guardian's Name:				
	<i>Last</i>	<i>First</i>		
Home Address: (Street & Number)				
City/Town:		State:		Zip:
Home Phone Number:		Work Phone Number:		
Home Email:		Work Email:		



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COOPERATING EMPLOYER INFORMATION

Company Name:			
Address: (Street & Number)			
City/Town:	State:	Zip:	

SIGNATURES

- The statements and information furnished by us in this application are true and complete.
- We give permission for the student named in this application to participate in cooperative education.
- 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.
- We understand that the student MUST contact their Co-op Liaison (Instructor in charge of co-op) and the Cooperative Education Coordinator to discuss their intentions of leaving their place of employment PRIOR to the student giving their notice to an employer. Failure to communicate with their Instructor and Cooperative Education Coordinator may result in an impact to the student's grade.

Our signatures certify that we have read and agree with the above statements.

<i>Signature of Student</i>	<i>Date</i>	<i>Signature of Parent/Guardian</i>	<i>Date</i>

COVID-19 INFORMATION AND PERMISSIONS

PARENTS

Your child qualifies to participate in the Old Colony RVTHS Cooperative Education Program under recognized state and local educational authorities. In addition to following the Vocational Technical Education Regulations 603 CMR 4.03 (4) requirements, Old Colony RVTHS is also requiring that all students receive a parent/guardian signature giving their son/daughter permission to work for the employer listed above. These additional signatures are to provide full disclosure to all parties due to the Coronavirus (COVID-19) pandemic.

By signing, you understand that while the Cooperative Education Program is active, we leave it up to our students and their parents to determine if going to work is beneficial and safe for them at this time.

Name of Student:			
Vocational-Technical Program:			
Parent Signature:	Date:		

If you have any questions, please contact: Bethany Botelho, Vocational Coordinator



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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 the 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 Instructor Signature:		Date:	
Related Instructor Signature:		Date:	

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 the third trimester co-op, seniors must have their 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 MCAS support classes as offered.
- Student must work at a site that contains advance skill training (as determined by the instructors and in accordance with the Vocational Frameworks).



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- Student **MUST** contact their Co-op Liaison (Instructor in charge of co-op) and the Cooperative Education Coordinator to discuss their intentions of leaving their place of employment **PRIOR** to the student giving their notice to an employer. Failure to communicate with their Instructor and Cooperative Education Coordinator may result in an impact to the student's grade.
- 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, 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.

GUIDANCE COUNSELOR APPROVAL SIGNATURE			
<i>Vocational Teacher signatures are required BEFORE meeting with Guidance Counselor</i>			
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 Signature:		Date:	
By signing below, I acknowledge that I have met with my Guidance Counselor to review my grades, attendance, and discipline records. Further, the "Conditions of Cooperative Education" have been reviewed and I fully understand and agree to uphold all conditions.			
Student Signature:		Date:	



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COOPERATIVE EDUCATION Work Permit Information

Year of Graduation:		Chapter 74 Program (Shop):	
Name:			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Address: <i>(Street and Number)</i>			
City/Town:			
Parent/Guardian Cell Phone Number:			
	<i>(or BEST number to be reached)</i>		
Student Cell Phone Number:			
Date of Birth			
	<i>Month</i>	<i>Day</i>	<i>Year</i>
What hospital/city were you born in?			
Hair Color:			
Eye Color:			
Name of Cooperative Education Work Site:			