



MESA PUBLIC SCHOOLS
Cooperative Education Program
APPLICATION FOR ADMITTANCE

- | | |
|------------------------------|---|
| <input type="checkbox"/> ACE | <input type="checkbox"/> HERO |
| <input type="checkbox"/> COE | <input type="checkbox"/> ICE |
| <input type="checkbox"/> DCE | <input type="checkbox"/> Marketing/DECA |
- For Official Use Only*

Cooperative education programs provide a structured work-based experience for qualified seniors. Job placement assistance will be provided by the teacher-coordinator. Priority will be given to students who have successfully completed Career and Technical Education courses.

Student's Name _____ Student # _____

(6-digit)

Address _____ City _____ ZIP _____

Cross Roads (2 major cross streets) _____

Date of Birth _____ Age _____ E-mail Address _____

Home Phone _____ Other Phone _____ Driver's License Yes _____ No _____

Parent's or Guardian's Name _____ Parent's Work Phone _____

Skills or Training (*can include skills you have used in classes, in your home or on a paying job*) _____

Work History (*Where have you been employed in the past?*) _____

Why did you leave the above place (places) of employment? _____

Why do you want to be in the Cooperative Education Program? _____

Occupational Choices for Cooperative Education (Ideally, what type of work would you like to do? For example--work in a Department Store or Doctor's Office--be sure your skills match your choice.)

Specific businesses for which you would like to work (Names of stores, etc.)

What are your goals for your senior year? _____

Do you plan on attending college? _____ If so, where? _____

Describe any physical limitations that might affect your work. _____

Can you provide your own transportation to and from your job? _____

Attach a copy of your transcripts to this application. No application will be accepted without transcripts.

I will accept whatever responsibilities are placed before me and agree to report the outcome of any job leads that I receive. Once hired, I will perform my job in such a manner that will do honor to both my school and myself. Throughout the course, I will continually strive to do a better job and gain more information which is applicable to the job I will perform while I am a member of a cooperative education program. I also understand that membership and participation in the related student organization is a required portion of the program.

Date _____ Student Signature _____

I authorize the coordinator of the cooperative education program for which my son/daughter is applying to review his/her education records to evaluate eligibility for the program and to facilitate job placement. I further authorize Mesa Public Schools to use information provided on this form to meet its reporting obligations for funding purposes. In all other respects, the information provided on this form will be maintained as a confidential education record in accordance with the federal Family Educational Rights and Privacy Act.

Date _____ Parent Signature _____

Please return this completed form to Mr. Burns (DECA) in Room 142, Mr. Dandy (COE) in Room 135, Mrs. Pedersen (HERO) in Room 102, or Mr. Sorenson in the AG/BIOTECH Building.