



Mary G. Montgomery High School Co-op/Work-Based Learning APPLICATION FOR ENROLLMENT

Your Grade in 2023-24 11 12 Age in August 2023 _____ Today's Date _____

Name _____

Last
First
Middle

Address _____

Number
Street
City
State
Zip

Cell phone() _____ email: _____

Date of Birth [- -]

Do you have a driver's license? Yes No Do you have unlimited access to transportation? Yes No

In which Career Academy are you enrolled?

Parent/Guardian Name(s)	Parent Cell Phone ()
	e-mail: _____

Parent/Guardian Address _____

Number
Street
City
State
Zip

Why are you interested in Co-op/Work-Based Learning?

Do you intend to further your formal education after high school? Technical training 2 yr. 4yr military work full-time

Are you under a doctor's care? Yes No Do you have any health problems that would interfere with your regular attendance at school or on a job? Yes No If yes, please explain _____

List Your Work Experiences
(List most recent position first)

Name of Business and Supervisor's name	Business Name and Phone Number	Employment Dates- Currently Employed?
		From To
		From To
		From To
		From To

If currently employed, do you wish to continue working at the same job while in Co-op? Yes No

List as references the names of three teachers who can attest to the quality of your work.

1. _____ (Career and Technical Education Teacher if applicable)

2. _____

3. _____

To the Student:

Work-Based Learning/Co-op provides an opportunity **to be considered** for **apprenticeships/internships** in business and industries in our area. You further understand that **NO apprenticeship or internship is guaranteed. You must apply, interview and compete for the placement based on your skill, your abilities and your aptitude.** When you enroll in Work-Based Learning, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. You must document 140 hours of work experience with a check stub for each block of Co-op to pass course and receive credit. If you accept this responsibility, please sign in the space provided.

Student Signature _____ Date _____

To the Parent/Guardian:

Do you consent to your child entering Work-Based Learning/Co-op, arranging transportation, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: _____ Date _____

To Be Completed by the Co-op Teacher-Coordinator to determine eligibility of student.

On Track for Graduation: ___yes ___No Successful completion of **Career Preparedness**: ___Yes ___No
Current Attendance Record: Number of absences _____ Number of tardies _____
Current Disciplinary Record: Total Discipline Reports _____ Cumulative GPA: _____

List Career and Technical Occupational Courses or Career Objective that determine student's potential placement:

1. _____ 3. _____
2. _____ 4. _____

Verified By _____
Counselor/School Administrator/WBL Teacher-Coordinator

Status of Application: Pending Approved Not Approved

The Mobile County Public School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: George Smith (251) 221-4543

To file a complaint of discrimination write the Mobile County Public School System, Human Resources Department, George Smith, One Magnum Pass, Mobile, AL 36618 or call (251) 221-4543. Mobile County Public Schools is an equal opportunity provider and employer.

Return completed application and employment verification to:

Ms. Georgia Brown
Co-op Coordinator
Gbrown1@mcpss.com
Room 109
251.221.3161

Mary G. Montgomery High School
Co-op/Work-Based Learning Program
Employer Verification Form

This form MUST be completed by the EMPLOYER!

Student's name: _____

Today's date: _____

Name of business employing student: _____

Supervisor's name: _____

Supervisor's Signature verifying current employment: _____

Address of business: _____

Phone number of business/supervisor: _____

Email for supervisor: _____

Student's job title: _____

Please provide a comprehensive list of the student's job duties/responsibilities:

Beginning date of employment: _____

Estimated number of hours and/or schedule for student worker each week:

Do you plan to continue employing this student during the 2022-23 school year? Circle one: Yes No

*****CURRENT CHECK STUB MUST BE ATTACHED to be complete.**
Only complete applications will be considered for Co-op.