

**Elmore County Technical Center
Cooperative Education/WBL
2023 Summer Term Application**
Rising Seniors (Class of 2024) ONLY

**DUE DATE
APRIL 24, 2023**



Date of Application: _____

Campus: ECHS HHS SEHS WHS EDGE

This application is for RETURNING CO-OP students ONLY. If you are a new CO-OP student, you must complete an application packet.

Student Name: _____
Last First Middle

I am a current 2022-2023 CO-OP Student and wish to participate in Summer CO-OP May 24 – July 28. I understand and agree to the following:

- Student Initials**
- _____ I understand that ALL CO-OP Policies and Procedures from the regular school year apply during the Summer Term.
- _____ I must work 140 hours to receive credit for Summer Term.
- _____ SUMMER CO-OP STUDENTS MAY NOT CHANGE JOBS DURING THE TERM. If I quit my job or change jobs. I forfeit my opportunity for Credit.

To the Student:

Elmore County Cooperative Education provides an opportunity to be considered for employment in business and industries in our area. You further understand that NO employment is guaranteed. You must apply, interview, and compete for the placement based on your skill, your abilities, and your aptitude. When you enroll in Cooperative Education, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. By submitting this application to participate in Cooperative Education/WBL you are agreeing that you understand that you must maintain employment for the entire term of enrollment in CO-OP/WBL. 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 Cooperative Education/Work-Based Learning, 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. By signing this application to participate in Cooperative Education/WBL you are agreeing that you understand that your child must maintain employment for the entire term of enrollment in CO-OP/WBL.

Parent Signature _____ Date _____

Parent/Guardian Name(s) _____ Parent Phone (____)____-____

E-mail: _____

To Be Completed by the WBL Teacher-Coordinator. Students Do Not Write Below this Line

2022-2023 CO-OP Hours Earned: _____

2022-2023 CO-OP Credits Earned: _____

2022-2023 CO-OP Grade: _____

Verified By: _____
CO-OP Coordinator

Status of Application: Pending Approved Not Approved