

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.

I understand that Cooperative Education/Work-Based Learning cannot be dropped from my schedule once added.

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.

I understand that Cooperative Education/Work-Based Learning cannot be dropped from my child’s schedule once added.

Parent Signature _____ Date _____

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

E-mail: _____

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

| | |
|---|--|
| On Track for Graduation: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Successful completion of Career Preparedness: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Attendance Record: | No. Absences _____ No. Tardies _____ |
| Current Disciplinary Record: | Total Reports _____ Cumulative GPA: _____ |

CTE Courses Taken:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Verified By: _____
CO-OP Coordinator

Status of Application: Pending Approved Not Approved

Elmore County Public Schools 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:

Jamey McGowin (504 Coordinator/Title IX Coordinator)
100 HH Robinson Dr. Wetumpka, AL 36092
334-567-1200
jamey.mcgowin@elmoreco.com



Elmore County Technical Center Cooperative Education Regulations/Policies



Read Carefully!!

1. Student acknowledges that the primary purpose of Cooperative Education is educational and, therefore, agrees to abide by the Cooperative Education (CO-OP) program policies and decisions of the CO-OP Teacher-Coordinator, including those regarding specific job placements.
2. Student acknowledges that the school, through the CO-OP Teacher-Coordinator, is acting as an intermediary between the training mentor and student and that the CO-OP Teacher-Coordinator has a legitimate right to know and a significant role in determining the outcome of any **placement issues including, termination, scheduling, assignments, and all other aspects of student placement.**
3. Cooperative Education students who fail to perform satisfactorily in all subject areas during any grading period and who fail to improve during the next grading period should be asked to resign from his/her placement.
4. A student suspended from school should not be allowed to attend their CO-OP placement during the suspension. On the second offense he/she may be dropped from the CO-OP program with a loss of all credit.
5. A student must comply with the LEA attendance policy to participate in the program.
6. A student losing his/her CO-OP placement due to any action deemed unacceptable by the school and CO-OP Teacher-Coordinator will be dropped from the program with possible loss of all credit.
7. A student whose CO-OP placement is terminated for any reason is to report to the CO-OP Teacher-Coordinator. Failure to do so may result in the student being dropped from the CO-OP program.
8. A student not attending regular school classes cannot work at the CO-OP placement on the day(s) he/she is absent.
9. In case of absence, the student is *required* to notify the CO-OP Teacher-Coordinator and his/her training mentor before class or working period.
10. Personal business handled at the CO-OP placement is prohibited.
11. Friends or family are not to visit the student at the CO-OP placement.
12. A student is to be on time at school as well as the CO-OP placement.
13. Parents should understand the student's responsibility to the training CO-OP placement and not interfere with the performance of his/her duties.
14. Business rules for dress and personal hygiene will be observed.
15. Since training is the primary objective, a student is expected to remain with the CO-OP placement to which he/she is assigned. **Students may resign or change placements only with the express written permission of the CO-OP Teacher-Coordinator and following business practices for resignation. Students who fail to follow these procedures may fail to earn credit in Cooperative Education. Once Cooperative Education/WBL is added to a student's schedule, it cannot be dropped.**

16. The student organization is an integral part of a student's Career and Technical Education program. Therefore, all students are expected to participate in and actively support the Career and Technical Education student organization that relates to their career objective.
17. When Cooperative Education students honor their training mentors with a banquet, reception, etc., all students are expected to attend with their training mentors as their guests.
18. Students are placed to train and are under the supervisions of the CO-OP Teacher-Coordinator and training mentor where they are placed.
19. Students must abide by all school rules and regulations for other students and consider themselves *under the jurisdiction of the school while at the CO-OP placement*.
20. *Transportation* to and from the CO-OP placement is to be arranged by the student/parent/guardian. Transportation problems do not justify absence from the CO-OP placement.
21. Students will leave the campus *immediately* following the last scheduled class. If for any reason a student needs to remain on campus, permission must be obtained from the CO-OP Teacher-Coordinator, School Administrator, or CTE Instructor.
22. Other base campus policies: Your base campus may have policies and procedures in place in addition to those listed here. It is your responsibility to make yourself aware of those policies and remain in compliance.

*I have read the rules and procedures for CO-OP/Work-Based Learning students and agree to follow them.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Elmore County Technical Center Cooperative Education Student Release Form

Updated 1/2023



I _____ and _____ have received and read
(Student's Name) (Parent's Name)
a copy of the Cooperative Education/Work-Based Learning Policies and Procedures for the Elmore County Board of Education Program. I understand my child is enrolled and will participate (upon acceptance) in the co-op program for the **2023-2024** school year.

I will support my child by ensuring his/her attendance at school and work in order for him/her to be successful in completing the graduation requirements for the Elmore County Board of Education.

I understand that confidential information related to job performance may be released to individuals and agencies concerned with the employment of this student.

Student Signature: _____

Parent/Guardian Signature: _____

Insurance Documentation

This is to certify that _____ is currently insured with either school
(Student's Name)
accident insurance or is covered by other accident and/or hospitalization insurance.

Please indicate which type of insurance: Private: _____ School: _____ Other: _____

Name of Company: _____

It is required that students who are enrolled in cooperative education must be covered by accident and/or hospitalization insurance before they will be allowed to participate in the work of the course.

To my knowledge, the information above is an accurate and true statement concerning the status of my child's insurance.

Parent/Legal Guardian Signature: _____ Date: _____