

AUTAUGA COUNTY TECHNOLOGY CENTER WORK-BASED LEARNING APPLICATION

PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Homeroom Teacher _____			
Date _____			
Name			
Last	First	Middle	
Present Address			
Number	Street	City	State Zip
Social Security No. (last 4) []		Home Phone ()	Cell Phone ()
Age	Date of Birth	Email	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Career/Technical Program or Class Enrolled In			
Career/Technical Program or Class Taken Previously			
Career Objective: 1 st Choice _____ 2 nd Choice _____			
Parent/Guardian Name			Parent Cell ()
Parent/Guardian Email			
Where are you employed?			
Address			
Name of supervisor			
Work number ()		Date of Hire	
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have health issues that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Work-Based Learning period(s) for enrollment <input type="checkbox"/> 6 th & 7 th <input type="checkbox"/> 7 th only			

Current Class Schedule

	Class	Teacher	Approximate Grade
1 st Period			
2 nd Period			
3 rd Period			
4 th Period			
5 th Period			
6 th Period			
7 th Period			

List the names of three teachers to whom you will give recommendation forms. One must be your current or previous career/technical teacher.

1. _____ (Career/Technical Teacher)
2. _____
3. _____

To the Student:

Work-Based Learning provides an opportunity to be considered for employment/training in business and industries in our area. 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. 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, providing **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 _____

INTERVIEW (to be conducted after 3 recommendation forms are received)

Career and Technical Courses that determine student's eligibility for participation:

1. _____
2. _____

Verified: Course(s) Attendance Discipline GPA

Place of employment _____

Job Title _____

Apprenticeship (paid employment)

Internship (volunteer)

Status of Application: Pending Approved Not Approved

EQUAL EDUCATION OPPORTUNITY STATEMENT

It is the policy of the Autauga County Board of Education that no student shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of sex, age, marital status, race, religion, belief, national origin, ethnic group, disability, immigrant status, non-English speaking ability, homeless status, or migrant status and provides equal access to the Boy Scouts and other designated youth groups.

Mrs. Tisha Addison, Coordinator for Section 504
Tisha.Addison@acboe.net

Julie Harrington, Coordinator Title IX
Julie.Harrington@acboe.net

**Autauga County Board of Education, 153 West Fourth Street, Prattville AL 36067
334-365-5706**