

Vermilion County Cooperative Career Education Program

Student Application

(Please Print)

Student's Full Name: _____

High School: _____ Grade: _____

Home (and mailing) Address:

 (Street) (City), (State) (ZIP)

Phone No.: _____ Email: _____

Date of Birth: _____ Age: _____

Mother's Name: _____ Occupation: _____

Phone #s: Mother: (work) _____ (cell/home) _____

Father's Name: _____ Occupation: _____

Phone #s: Father: (work) _____ (cell/home) _____

Are you currently employed? ___ Yes ___ No If yes, how long? _____

Will this be your employer this fall? ___ Yes ___ No

Do you have a driver's license? (attach a copy to this form) ___ Yes ___ No

Will you have access to a reliable vehicle to drive to school and work?
 ___ Yes ___ No

Do you have access to the Internet? ___ Yes ___ No

What is your school access e-mail address? _____

CLASS SCHEDULE:

PERIOD:	SUBJECT:	TEACHER:

In

what school activities, if any, have you participated?

In what schools activities, if any, do you plan to participate in during your junior/senior year?

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Attendance (previous years): (from your high school attendance office)

Days absent _____ Times tardy _____

Detentions _____ Suspensions _____

Credits earned to date: _____ Credits enrolled in Gr. 12: _____

Accumulative GPA: _____ Date: _____ (Guidance Counselor)

References:

Teacher: _____

Teacher: _____

Non-Teacher: _____

After careful consideration, I have completed the above form. I will take advantage of every opportunity that will improve my skills and efficiency in both the classroom and world of work.

We, the parent/guardian and student, understand that this application is only meant to collect student data and include the student in the program. *The student is responsible for securing his/her own employment.*

I agree to participate in the Vermilion County Cooperative Career Education Program and abide by the policies established.

Student's Signature: _____ Date: _____

The above named student has my permission to participate in the Vermilion County CCE Program.

Parent/Guardian's Signature: _____ Date: _____

Recommendation From High School

The above named student is currently enrolled at _____ High School. He/She has maintained at least a 2.0 cumulative grade point average in his/her subjects. The named student also has a high school record of regular attendance and is free of serious discipline problems. He/She has also completed the necessary application form. Therefore, we recommend this student for participation in the Vermilion County Cooperative Career Education Program for this upcoming school year.

Principal's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____

*If accepted, student must maintain acceptable academic, disciplinary, and attendance records both in school and at the work site in order to be retained in the program.

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Student Survey

1. What is your career goal for the future?

2. What courses have you taken in high school to support this career goal?

3. What extracurricular activities have you participated in to support this career goal?

4. What community activities have you participated in to support this career goal?

5. Are you currently working? Please circle one: YES NO

6. If yes, complete the following.

(Who is or will be your employer during this school year?)

Business Name: _____

Business Address: _____

(Street)

(City), (State)

(ZIP)

Type of Business: _____ Business Hours: _____

Your Job Title: _____ Supervisor: _____

Contact Person: _____ Title: _____

Phone No.: (____) _____ Email: _____

FAX: (____) _____

7. Please list your specific job duties, (brief job description and your most important responsibility): _____

Special skills needed for this job: _____

Computer software skills needed: _____

Any limitations to job: _____

Number of hours per week student may work: _____

8. What computer programs can you use efficiently?

Word Excel PowerPoint Access

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Rules and Regulations

1. Enrollment in the Cooperative Career Education program is a privilege granted to students who are given the opportunity to participate in the program. This privilege may be taken away at any time for any violation of the rules and regulations of the program.
2. Students must meet the following qualifications:
 - * Passing grades in all classes the previous semester.
 - * Must currently be on track to graduate on time with the class.
 - * Must have acceptable attendance and discipline record with approval of the assistant principal and guidance office.
3. Students must be working in a job or have a job obtained by the beginning of the fall semester to qualify for the program. All positions of employment will be approved by the administration and the CCE coordinator.
4. All students must be employed for a minimum of fifteen (15) clock hours per week. (This may be an average over a 4 – 6 week period).
5. Students must maintain excellent attendance and be on time. Your school attendance will be a major contributing factor for acceptance into the program. Regardless of excused or unexcused, when you are continually absent for any reason, you will not be employable.
6. If a student quits or is fired without proper approval/knowledge of the program coordinator, the student will be removed from the program and lose all credit for the semester.
7. The student will attend school for the first 2/3/4 periods and then be allowed to leave to work. **Students must be in attendance at school to be able to go to work on the same school day.**
8. Students in the Cooperative Career Education program must be passing all classes to continue in the program. If a student is failing, he/she will be required to improve that grade, until the grade is shown to be passing. There may be no on site work (or pay) until this is carried out.

Student

Parent/Guardian

Employer

Vermilion County Cooperative Career Education Program

Student-Parent Consent

I understand that by enrolling in the Vermilion County Cooperative Career Education Program that:

1. I am to secure my own employment. If I am released from my employment or change my employment, it is my responsibility to notify my school and the co-op coordinator. I should not leave a job, unless I have a new employment. I should always give a 2-week notice.
2. I will follow all rules and policies of the employment site, especially those governing safety and dress.
3. To be released from school, I must work at least 15 hours during the week.
4. If I am unable to report for work I am required to notify the employer immediately and my high school. The student and/or parent or guardian must also notify the coordinator as soon as possible via phone or email.
5. I will maintain satisfactory ratings in school and on the job.
6. I will keep the CCE Coordinator informed of any changes in schedule or problems that may arise on the job or in school.
7. It is my responsibility to ensure that I have adequate transportation to and from work.
8. It is my responsibility to communicate regularly as assigned with the CCE Coordinator. All assignments are to be completed on a timely basis as in the syllabus. Your grade will be adversely affected by absences and failure to complete assignments.
9. I may be released from the program for violating any of these terms at any time. Excessive absences from work may result in removal from the CCE program, thus forfeiting any credit.

Student Name (Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CCE Coordinator: _____ Date: _____

Vermilion County Cooperative Career Education Program

Driver Permission Form

Permission is hereby granted for _____ to drive

(Student Name)

to _____

(Name of Business)

for his Cooperative Career Education Program Business Site employment.

In granting permission, I accept all moral, legal, and medical responsibilities associated with his CCE employment. Furthermore, I relieve the _____ School District, VVEDS (Vermilion Occupational Education Delivery System), CCE Coordinator, and the above listed CCE worksite from any responsibility not associated with proper adult supervision.

Transportation Permission

I, _____,

(Name of Parent of Guardian)

give permission for the above listed student to drive while enrolled in the Vermilion County Cooperative Career Education Program.

***Attach current and valid proof of vehicle insurance to this form.

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Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to sign and date this form

Name: _____

Phone: _____ Cell: _____

Primary Emergency Contact Name: _____

Relationship: _____ Phone: _____

Cell: _____ Work: _____

Secondary Emergency Contact Name: _____

Relationship: _____ Phone: _____

Cell: _____ Work: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:

Signature: _____ Date: _____