2008-09

SOUTH & WEST WASHTENAW CONSORTIUM
COOPERATIVE EDUCATION APPLICATION

Please PRINT Neatly

Date

Name_____ Grade_____ Home School_____
Last *First* *Middle Initial*

Address_____ Phone_____
City *Zip*

Date of Birth_____ Age_____ Home school counselor_____

Driver's License #_____ How many days of school have you missed this past year?_____

What is your related CTE Class?_____ Did you successfully complete this class as a Junior? _____
Grade

Are you presently employed?_____ If so, what type of work?_____

Name and address of present employer_____ Phone_____

Do you want to continue to work for your employer on Co-op? _____ Will they provide Workman's Comp. Ins.? _____

When are you available for Co-op placement?_____ What class(s) will you be dropping for Co-op?_____

Do you have a car available for transportation?_____ Will your CTE Instructor support your Co-op?_____

Please list any class that you have taken that may help you get a job in your desired field with your semester grades.

_____ _____ _____

_____ _____ _____

Previous Work Experience

Name of Employer	Address	Phone	Type of Work	Date Employed

List 2 references below (Career and Technical Education teachers when possible)

Name_____ Course taught_____

Name_____ Course taught_____

Are you planning to go to college?_____ Name of college_____

Current Class Schedule

Hr	Class	Room	Teacher
1			
2			
3			
4			
5			
6			
7			

Required Signatures

_____
Parent/Guardian Signature

_____
Counselor Signature

It is the policy of the SWWC not to discriminate on the basis of race, color, national origin, gender, age, disability, height, weight, religion or marital status in any of its programs, activities or employment.