**APPLICATION FOR ENROLLMENT**

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| ***PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.*** |
|  |
|  | Date  |
| Name  |
|  Last First Middle Maiden |
| Present Address  |
|  Number Street City State Zip |
| Telephone ( )  | Cell Phone ( ) E-mail:  |
| Age  | Date of Birth [ - -] |
| Do you have a driver’s license? ❑ Yes ❑ No Do you have access to a car/other mode of transportation? ❑ Yes ❑ No |
| Career Objective: 1st Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Name(s)  | Parent Cell Phone ( ) E-mail:  |
| Parent/Guardian Address |
|  Number Street City State Zip |
| Indicate the type of business in which you prefer to work: *(Example:* *bank, dental, retail store, legal, manufacturing,**insurance, automotive, medical, etc.)*  |
|  First Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you intend to further your formal education after high school? Technical training ❑ 2 yr.❑ 4yr ❑ military ❑ work full-time ❑  |
| Are you under a doctor’s care? ❑ Yes ❑ No Do you have any health problems that would interfere with your regular  |
| attendance on a job? ❑ Yes ❑ No If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Current or Previous Work Experience** |
| *(List most recent position first.)* |
| Employer | Type of Work | Employment Dates |
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|  |  |  |
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**Current Class Schedule**

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| --- | --- | --- | --- |
|  | Class | Teacher | Grade Point Avg. |
| 1st Period |  |  |  |
| 2nd Period |  |  |  |
| 3rd Period |  |  |  |
| 4th Period |  |  |  |
| 5th Period |  |  |  |
| 6th Period |  |  |  |
| 7th Period |  |  |  |

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| ***List as references the names of three teachers who can attest to the quality of your work.*** |
|  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Career and Technical Education Teacher if applicable ) |
|  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| To the Student:Work-Based Learning provides an opportunity ***to be considered*** for **apprenticeship/internship** in business and industries in our area. You further understand that **NO apprenticeship or internship is guaranteed**. ***You must apply, interview and compete for the placement based on your skill, your abilities and your aptitude.***  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| To the Parent/Guardian:Do you consent to your child entering 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.Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| ***To Be Completed by the Cooperative Education Teacher-Coordinator.*** |
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|  On Track for Graduation: \_\_\_\_yes \_\_\_\_\_No Successful completion of **Career Preparedness**: \_\_\_\_Yes \_\_\_\_No Current Attendance Record: No. Absences \_\_\_\_\_\_\_\_ No. Tardies \_\_\_\_\_\_\_\_\_\_\_\_ Current Disciplinary Record: Total Reports \_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_ **List Career and Technical Occupational Courses or Career Objective that determine student’s potential placement:**  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Verified By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor/School Administrator/Cooperative Education Teacher-Coordinator  Status of Application: ❑ Pending ❑ Approved ❑ Not Approved |
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**The Covington County School system 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(s) has been designated to handle inquiries regarding the non-discrimination policies:**

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| **Kelly McCollough (504 Coordinator)****807 C.C. Baker Ave.****Andalusia, AL 36420****(334) 222-7571** | **Chris Thomasson (Title I, II, IX Coordinator)****807 C.C. Baker Ave.****Andalusia, AL 36420****(334) 222-7571** |