



Co-op/Work-Based Learning APPLICATION FOR ENROLLMENT

Your Grade in 2021-22 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Age in August 2021 _____		Today's Date _____	
Name					
Last		First		Middle	
Present Address					
Number		Street		City State Zip	
Telephone ()			Cell Phone ()		e-mail:
Date of Birth [- -]					
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					
In which Career Academy are you enrolled?					
Parent/Guardian Name(s)				Parent Cell Phone ()	
				e-mail:	
Parent/Guardian Address					
Number		Street		City State Zip	
Why are you interested in Co-op/Work-Based Learning?					
Do you intend to further your formal education after high school? Technical training <input type="checkbox"/> 2 yr. <input type="checkbox"/> 4yr <input type="checkbox"/> military <input type="checkbox"/> work full-time <input type="checkbox"/>					
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any health problems that would interfere with your regular attendance at school or on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____					

Current or Previous Work Experience (List most recent position first.)		
Name of Business and Supervisor's name	Business Name and Phone Number	Employment Dates- Currently Employed?
		From To
		From To
		From To
		From To

If currently employed, do you wish to continue working at the same job while in Co-op? ☐ Yes ☐ No

<p>List as references the names of three teachers who can attest to the quality of your work.</p> <p>1. _____ (Career and Technical Education Teacher if applicable)</p> <p>2. _____</p> <p>3. _____</p>	
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To the Student:

Work-Based Learning provides an opportunity ***to be considered*** for **apprenticeships/internships** 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 _____

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 _____

To Be Completed by the WBL Teacher-Coordinator to determine eligibility.

On Track for Graduation: ____yes ____No Successful completion of **Career Preparedness**: ____Yes ____No
Current Attendance Record: Number of absences _____ Number of tardies _____
Current Disciplinary Record: Total Discipline Reports _____ Cumulative GPA: _____

List Career and Technical Occupational Courses or Career Objective that determine student's potential placement:

1. _____
2. _____

3. _____
4. _____

Verified By _____
Counselor/School Administrator/WBL Teacher-Coordinator

Status of Application: ☐ Pending ☐ Approved ☐ Not Approved

The Mobile County Public 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 has been designated to handle inquiries regarding the non-discrimination policies: George Smith (251) 221-4543

To file a complaint of discrimination write the Mobile County Public School System, Human Resources Department, George Smith, One Magnum Pass, Mobile, AL 36618 or call (251) 221-4543. Mobile County Public Schools is an equal opportunity provider and employer.

Return completed application to:

The drop box in front of school if prior to the beginning of school

Ms. Georgia Brown, Coordinator
Gbrown1@mcpss.com

When school begins- Room 109 at MGMHS

251.221.3161

Mary G. Montgomery High School Cooperative

Work-Based Learning Employer Verification

This form **MUST** be completed by the EMPLOYER!

Student's name: _____

Today's date: _____

Name of business employing student: _____

Supervisor: _____

Supervisor's Signature verifying current employment: _____

Address of business: _____

Phone number of business/supervisor: _____

Email for supervisor: _____

Student's job title: _____

Please provide a comprehensive list of the student's job duties/responsibilities:

Beginning date of employment: _____

Estimated number of hours and/or schedule for student worker each week:

*****CURRENT CHECK STUB MUST BE ATTACHED**