



Division of Applied Technology
1450 Northeast Second Avenue
Miami, FL 33132

COOPERATIVE EDUCATION Program Application

- AG
- BCE
- CDE
- DCT
- DCT-H
- HSE
- ICE
- MKT
- WEP
- WEP-A

Trimester/School Year: _____ **TYPE OR PRINT IN INK**

Personal Information

Name (Last, First, Middle): _____ Current Grade: _____

Social Security #: _____ I.D. #: _____

Home Address: _____

City: _____ Zip: _____

Telephone #: (____) ____ - _____ Beeper: (____) ____ - _____

Place of Birth: _____

Date of Birth: _____ Age: _____

Driver's License #: _____ Do you have a car?: _____

How do you get to school?: _____ To work?: _____

Educational Record

Previous High School (if applicable): _____ GPA: _____

How many days were you absent last school year?: _____ Why?: _____

Work History

Are you currently working? Yes No

Employer: _____ Date Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) ____ - _____ Current Salary: _____

Position/Duties: _____

References (Three Teachers): Confidential forms are to be submitted by teachers.

Name: _____ Subject: _____

Name: _____ Subject: _____

Name: _____ Subject: _____

Name of friend/relative previously or currently in program: _____

Current Schedule

Date: ____ / ____ / ____

Period	Subject	Room #	Teacher's Name
1			
2			
3			
4			
5			
6			

Emergency Contact Information

Father's Name: _____ Occupation: _____ Work #: _____ Pager #: _____
 Mother's Name: _____ Occupation: _____ Work #: _____ Pager #: _____
 Other: _____ Relationship: _____ Work #: _____ Pager #: _____

Other Information

Special interests, talents, and abilities: _____

What extracurricular activities have you participated in?: _____

Are you planning additional training after graduation?: _____ What?: _____ When?: _____

Other plans, if applicable (please explain): _____

Explain your reasons for choosing this cooperative education program and include skills you possess and/or want to develop. (Hand-written statement)

The undersigned agree(s) to comply with the guidelines and requirements for entry or completion of this cooperative education (OJT) program.

Student's Signature
____ / ____ / ____
Date
Parent's/Guardian's Signature
(if applicable)

Acceptance of this application by the cooperative education teacher does not guarantee the student's acceptance into the program.