

South & West Washtenaw Consortium
2022-2023 Cooperative Education Application

Please PRINT Neatly

Name _____ Grade _____ Home School _____

Address _____

Home Phone _____ Your Cell Phone _____

Parent/Guardian Name _____ Cell Phone No. _____

Date of Birth _____ Age _____ Home School Counselor _____

Driver's License No. _____ Auto Insurance Co. _____

What is your related CTE Course? _____ Current Grade in CTE Course _____

Employer Name _____

Employer Address _____

Name of Supervisor _____ Phone No. _____

Job title _____ Have you talked with your employer regarding Co-Op? _____

Do you have transportation to work? _____ Future Occupation? _____

Please list any class that you have taken that may help you get a job in your desired field:

Previous Work Experience

Name of Employer	Address	Phone	Type of Work	Date Employed
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List 2 references below (Career and Technical Education teachers when possible)

Name _____	Course _____
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Name _____	Course _____
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Are you planning to go to college? _____ Name of college _____ Area of study _____

Required Signatures:

Parent/Guardian _____

Counselor _____

Current Class Schedule:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

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