## South & West Washtenaw Consortium 2024-2025 Work Based Learning Application

Please PRINT Neatly

NameGr	ade	Home School		
Address				
Home PhoneYou	ur Cell Phone			
Parent/Guardian Name	Cell	Phone No		
Date of Birth Age	Home School	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 to	alked with your e	employer regarding Co-Op?		
Do you have transportation to work? Future Occupation?Wages:			Wages:	
Please list any class that you have taken that may he		in your desired field:	<del></del> -	
List 2 references below (Career and Technical Education teache	ers when possible)			
Name	Course			
Name	Course			
Are you planning to go to college?Name of col	llege	Area of study		
Required Signatures:	Current Class	Schedule:		
Parent/Guardian	2			
Counselor	3			
	4			
	5			
	6			

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