



Education and Workforce Development Cabinet  
Office of Career and Technical Education

**Application for Cooperative Education Training Program**

School:		Area Technology Center
Student's Name:		SSN: <input type="text"/> Date: <input type="text"/>
Parent's Name:		Phone: <input type="text"/>

**Program** in which you are currently enrolled:

**List program related classes you have had before this school year:**


**List program related classes you are taking this school year:**


- I have read the rules and procedures on page four (4) and agree to abide by them.

Student Signature: <input type="text"/>	Date: <input type="text"/>
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- I understand that the above named student will be leaving the school campus during school hours to work at a regular work site and has my permission to enroll in the co-op training program.

Parent/Guardian Signature: <input type="text"/>	Date: <input type="text"/>
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- The above named student has successfully completed appropriate training and is approved to enroll in co-op training.

Instructor Signature: <input type="text"/>	Date: <input type="text"/>
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Equal Education and Employment Opportunities M/F/D