



Division of Academics
Department of Career & Technical Education
10151 NW 19th Avenue
Miami, FL 33147

**COOPERATIVE EDUCATION
PROGRAM APPLICATION**

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

- 1. Picture ID (License)
 - 2. Medical Insurance Card
 - 3. Car Insurance Card (Letter – for those not driving)
 - 4. Social Security Card (& Work Permit if “Not Valid for Employment on SS”)

- 5. Paystub (must be 15+ Hours)
 - 6. Training Agreement
 - 7. \$14 Accident Insurance (see below)
 - 8. Media Release

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

Personal Information

Name (Last, First, Middle): _____		Current Grade: _____
Social Security #: XXX-XX- _____		MDCPS I.D. #: _____
Home Address: _____		
City: _____		Zip: _____
Telephone #: _____		Cell: _____
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 <input type="checkbox"/> No <input type="checkbox"/>	
Employer: _____	Date Employed: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone #: _____	Current Salary: _____
Position/Duties: _____	

\$14 ACCIDENT INSURANCE:

https://www.hsri.com/K12_Enrollment/Main/default.asp

- 1. Create account
- 2. Add Student(s) & Coverage on MyAccount page
- 3. Print receipt as proof

***Must purchase regardless if you have medical insurance**



School Insurance must be attached to this form (Program Application). Media Release Form must be attached to this form (Program Application).

Current Schedule

Date: _____

Period	Subject	Room #	Teacher's Name
1			
2			
3			
4			
5			
6			
7			
8			

Emergency Contact Information

Father's Name:	Occupation:	Work #:	Cell #:
Mother's Name:	Occupation:	Work #:	Cell #:
Other:	Relationship:	Work #:	Cell #:

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 (Where Required by School District Policy)
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I realize that falsification of any part of this document may result in a grade of "F" and/or dismissal from the work-based/OJT program.