



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

## COOPERATIVE EDUCATION STUDENT AGREEMENT

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

As a condition for acceptance into the Cooperative Education Program, the above-named student is authorized by his/her parent/guardian to leave school daily during the scheduled OJT period(s) for the purpose of going to work or seeking employment. The Cooperative Education Program is planned to develop the student academically, vocationally, economically, and socially. There are responsibilities the student must accept and rules and regulations which must be strictly observed.

Students will be allowed to remain on the school campus during their scheduled OJT time only if they are employed at the school or have permission by an administrator to remain at a pre-determined location. Any student found in unauthorized areas of the campus will be subjected to disciplinary action and may be removed from the Cooperative Education Program.

As a condition for acceptance into the Cooperative Education Program, I, agree to the following:

1. To attend school and place of employment regularly. Having excessive unsatisfactory absences and/or tardies in any grading period may be reason for removal from the program.
2. To work a minimum of 15 hours per week to comply with the cooperative education program guidelines. I understand that my OJT grade will be affected if I do not work a minimum of 135 hours per grading period. (15 hrs. X 9 weeks)
3. To be punctual at school and on the job.
4. To notify my employer and cooperative education teacher in case of an absence. Under no circumstances may I report to work on a day that I am absent from school without the permission of the cooperative education teacher.
5. To complete all applied technology related training assignments. I will accept counseling and constructive criticism from the cooperative education teacher.
6. To perform all my duties on the job in such a manner that I will reflect favorably upon myself, the program, the school, and the cooperative education teacher.
7. To be willing to accept the employer's supervision and perform assigned duties to the best of my ability.
8. To discuss with my teacher any difficulty in my work (pay, hours, transfer, leave, etc.) **before** discussing with my employer. My parents/guardians will contact my cooperative education teacher **first** if a problem concerning the job arises before discussing the issue with the principal or my employer.

9. To continue my training in a satisfactory manner throughout the year.
10. To refrain from terminating my employment or arranging for a change of employers without the knowledge and approval of the cooperative education teacher.
11. To maintain a satisfactory academic standing in school.
12. To participate in all functions, activities, and leadership development conferences approved by the school district related to my cooperative education program.
13. To attend the employer-employee banquet with my employer as my guest (if applicable).
14. To adhere to the dress code at school, and on the job.
15. To follow-up on all leads referred to me by the cooperative education teacher. I understand that my OJT grades will be affected if I am not regularly employed.
16. As part of the Cooperative Education Program, the above-named student will be participating in various field trips and other activities scheduled during the school day. These activities will necessitate missing scheduled classes and traveling in a private automobile without direct supervision of school personnel. School personnel will not be responsible for any accidents which might occur in transit. Students are expected to follow the Code of Student Conduct while traveling to and attending all school-sponsored activities.

### Travel Authorization

- My signature authorizes the above-named student permission to travel during scheduled OJT time.

### Insurance Confirmation

- All students participating in a Cooperative Education Program must be covered by the following type(s) of insurance as it applies to their program: (a) 24-hour personal (school purchased); (b) automobile; (c) liability.

#### PART A - 24-Hour Personal Insurance

The above-named student has subscribed to and will be covered by the accident insurance purchased through the 24-hour insurance plan made available at school for the time of participation in the Cooperative Education Program. **(Attach proof of insurance.)**

#### PART B - Automobile Liability Insurance

The above-named student is covered by automobile insurance provided through our family plan or other private plan purchased expressly for our son/daughter for the time of participation in the Cooperative Education Program. **(Attach proof of insurance.)**

#### PART C - Professional Liability Insurance (for Health Science Education Program Only)

The above-named student is covered by professional liability insurance provided through the school, purchased expressly for our son/daughter for the time of participation in the Cooperative Education Program. **(Attach proof of insurance.)**

#### PART D - Emergency Contact Information

Indicate below the name and phone number of your parents, doctor, or health care facility to be contacted in case of an emergency.

Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Care Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

**The signatures below authorize the above-named student to participate in the Cooperative Education Program under the conditions stipulated above. Failure to adhere to this agreement constitutes grounds for removal from this cooperative education program. 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.**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date