



# Greater Lowell Technical High School

250 Pawtucket Boulevard Tyngsboro, MA 01879-2199

Office: (978) 441-4959

## Commonwealth of Massachusetts

Department of Elementary and Secondary Education

Division of Occupational Education

### Cooperative Education

### Student Application

M.G.L. Chapter 74 and 603 CMR 4.03 (7)

*This is an agreement between an Equal Opportunity Employer and the School Committee of Greater Lowell Technical High School to provide a student who is enrolled in a (Ch. 74-approved) vocational technical education program with an organized progressive and diversified paid employment experience that will provide him/her with employability and technical skills that are not acquirable in a school-based setting. Applicants with disabilities and/or significant health issues may voluntarily self-identify for the purpose of requesting reasonable accommodations at the workplace.*

#### Student Data

Student's name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Cell # \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Students Technical Program: \_\_\_\_\_

Parent/Guardians name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Parent/Guardians address: \_\_\_\_\_

Parent/Guardians email: \_\_\_\_\_

Parent/Guardian Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_

Although your son/daughter will be covered by the cooperating employer's worker's compensation insurance, in case of an accident, what other insurance coverage do you have?

Name of Insurance Provider: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

## Student Employment Information

Do you have transportation to and from work?

☐ Yes ☐ No

Do you have a driver's license?

☐ Yes ☐ No

If yes what is your license number? \_\_\_\_\_

Are you available to work full time (40 hours) during shop week?

☐ Yes ☐ No

Are you willing to use public transportation?

☐ Yes ☐ No

Do you agree to follow all the rules and regulations for participation in this program as outlined in the student handbook and co-op manual.

☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor?

☐ Yes ☐ No

If yes, give details including date and nature of offense:

\_\_\_\_\_

Please explain your future educational and/or work plans for after graduation based on:

**Education, Employment, and/or Military.**

\_\_\_\_\_

\_\_\_\_\_

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## Attach your resume to this application.

### Notice of Non-Discrimination in Education

The Greater Lowell Technical High School does not discriminate on the basis of race, color, religious creed, national origin, sex, sexual orientation, age, gender identification, criminal record, disability, homelessness, and retaliation in admission, treatment or access to its programs and activities. In addition, Greater Lowell Technical High School does not discriminate in employment in its programs or activities and is committed to providing an environment free from sexual harassment.

## Student Guidelines

In order for a student to participate in Greater Lowell Tech's Cooperative Education Program, the student must agree to the following conditions of employment:

- Must adhere to work standards as set forth by the employer, as well as school standards
- Must provide own transportation.
- Student must pass all Chapter 74 shop, related, and academic classes.
- Student must maintain a good attendance and discipline record (in accordance with the school policy).
- Student is required to work a minimum of 30 hours during their co-op week.
- Student must notify shop instructor, and employer immediately in the event that he/she will miss a co-op work day.
- Student is responsible for having the **Co-op Weekly Attendance and Evaluation Form** filled out by the employer and returned to their shop Instructor and/or co-op director within two days of their academic week
- Student must work at a site that provides the opportunity to develop technical and employability skills not acquirable in a school-based setting but acquirable in a work-based setting.
- Student must be highly recommended by a shop teacher and related teacher.

**Students who do not pass MCAS must be willing to attend MCAS support classes during the academic cycle or summer MCAS support class if available.**

## Signatures

1. The statements and information furnished by us in this application are true and complete.
2. We give permission for the student named in this application to participate in the Cooperative Education Program.
3. We give permission for representatives of the school to release academic and vocational-technical records and grades past and present as wells as any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation.
4. We understand that if at any time, in the opinion of the Cooperative Education Director, the student is not meeting \the requirements of this program with regards to grades, attendance, attitude and/or performance his/her placement will be terminated.

*Our signatures certify that we have read and agree with the above statement*

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date