



## Work Based Learning Experience APPLICATION FOR ENROLLMENT

**PLEASE PRINT OR KEY ALL INFORMATION REQUESTED EXCEPT SIGNATURE.**

Date _____			
Name			
Last	First	Middle	Maiden
Present Address			
Number	Street	City	State      Zip
Telephone (    )		Cell (    )	E-mail:
Age	Date of Birth		
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have access to a car/other mode of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Career and Technical Occupational Program Completed or Enrolled In:			
Career Objective: 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____ 3 <sup>rd</sup> Choice _____			
Parent/Guardian Name(s)		Business or Cell (    )	
Parent/Guardian Address			
Number	Street	City	State      Zip
Are you interested in summer employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Indicate the type of business in which you prefer to work: <i>(Example: bank, dental, retail store, legal, manufacturing, insurance, automotive, medical, etc.)</i>			
First Choice _____		Second Choice _____	
Do you intend to further your formal education after high school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No    Do you have any health problems that would interfere with your regular attendance on a job? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain _____			

### Current or Previous Work Experience

*(List most recent position first.)*

Employer	Type of Work	Employment Dates

### Current Class Schedule

**(Copy of new schedule may be attached)**

Indicate Block (all classes)	Class	Teacher	Average.

List as a reference the name of one Career and Technical Education teacher who can attest to the quality of your work. List to others on here as well

\_\_\_\_\_ (Current or previous Career and Technical Education Teacher)

\_\_\_\_\_ (Teacher) \_\_\_\_\_ (Teacher)

To the Student:

Work-Based Learning provides an opportunity **to be considered** for an apprenticeship (employment) in business and industries in our area. You further understand that **NO apprenticeship (employment) is guaranteed. You must apply, interview, and compete for placement based on your skill, your abilities and your aptitude.** When you enroll in Work-Based Learning Apprenticeship program, you indicate that you are sincerely interested in putting forth your best efforts to receive work-based experience. If you accept this responsibility, please sign in the space provided.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

To the Parent/Guardian:

Do you consent to your child entering the Work-Based Learning Apprenticeship program, arranging transportation, and agree to cooperate with the school and the training agency in making the training and education of the greatest possible benefit to your child? If so, please indicate your support and approval with your signature.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by the Work-Based Learning Teacher-Coordinator.**

On Track for Graduation: \_\_\_\_ Yes \_\_\_\_ No Successful completion of Career Preparedness \_\_\_\_ Yes \_\_\_\_ No  
Current Attendance Record: No. Absences \_\_\_\_\_ No. Tardies \_\_\_\_\_  
Current Disciplinary Record: Total Reports \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**List other Career and Technical Occupational Courses taken:**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Verified By \_\_\_\_\_  
Work-Based Learning Teacher-Coordinator

Status of Application:  Pending  Approved  Not Approved

**The local school/Thomasville City Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person(s) has been designated to handle inquiries regarding the non-discrimination policies:**

**Name: Tracy White**  
**Title: 504 Coordinator/Title VI Coordinator**  
**Address: Thomasville City Schools**  
**P.O. Box 458**  
**Thomasville, Alabama 36784**  
**Telephone Number: (334) 636-9955**  
**E-mail Address: twhite@thomasvilleschools.org**