

Application to Enroll in West Ottawa High School's Career Programs

<i>Please circle</i>	Semester:	School Hour Preferred:
Work Based Learning	Fall	1 2 3
	Winter	4 5 6
		7(after school)
Teacher Candidate Class	Fall	6 th hour only
	Winter	6 th hour only

Personal Data

Name _____ Age _____ Grade _____ Birth Date _____

Address _____ City/State/Zip _____

Home phone number _____ Cell phone _____

Email address _____

Emergency Contact Person and Phone number _____

What are your career goals? What kind of work do you see yourself doing ten years from now?

Have you ever received a misdemeanor or a felony? If yes, what for?

Work/Volunteer Experience (Start with most recent experience and list to least recent)

Month/Year to Month/Year (if this does not apply, write n/a)	Company Name	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

Ask three adults (up to two teachers or staff members, one unrelated adult over the age of 18 from outside of school) to be your references. List them below:

Reference's Name	Company Name	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Please make sure that this is 100% complete!***

Statement of Agreement:

We have read and understand all the guidelines for West Ottawa’s career programs (Work Based Learning or Teacher Candidate). We consent to student’s participation, with the understanding that:

1. Submitting an application does not ensure a student placement, credit, or a passing grade. All are subject to agreement of employer/supervisor AND the student’s fulfillment of all program requirements, including turning in the bi-monthly log with required signatures and completion of required assignments. If a student is fired from their job or placement, the student automatically earns an “F” and can no longer participate in any career programs.
2. To participate, with the assistance of the Career Placement Coordinators, students must contact potential employers/supervisors, arrange interviews, interview successfully, and be offered a position at which a training agreement/plan is agreed upon and signed. When the student has all required the signatures on the training agreement/plan it will be added to their schedule.
3. The student and the student’s parents/guardian hereby authorize West Ottawa staff to release to employers/supervisors: *academic and attendance records, teacher evaluations, and directory information, such as student’s phone number and address*, which may be needed to secure the students placement.
4. Students/parents provide their own transportation to and from off-campus work sites. Parents/guardians hereby give permission for student to drive to work site and/or ride in with others if necessary while participating in the program.
5. Students/parents are responsible for providing work-site supervisors with any and all necessary medical emergency information.
6. Any injuries or illness at work sites are to be handled in accordance with instructions parent/guardian provides. **Any and all medical expenses will be assumed by the family or family’s insurance.**
7. The student and student’s parents/guardians hereby release the West Ottawa Public Schools (including teachers, administrators, and board members) from any and all claims, demands, suits, or actions arising from or relating to the student’s participation in a West Ottawa career program.

Sign below to indicate agreement with conditions listed above:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____