

ADMINISTRATIVE REGULATION

# CENTENNIAL SCHOOL DISTRICT

APPROVED: May 10, 2016

REVISED:

## 115-AR-0. COOPERATIVE EDUCATION PROGRAM

The District will provide qualified students enrolled in vocational technical programs opportunities to participate in cooperative education programs in approved agencies and businesses.

Students and parents/guardians must complete and sign all required forms each school year prior to participating in a cooperative education program.

The District will be responsible to monitor the effectiveness and quality of each cooperative education experience.

Each cooperative education sponsor will be notified of and will acknowledge compliance with the following requirements:

1. Cooperate with the Principal or designee and other school staff.
2. Keep accurate records of student progress and attendance, including daily time of arrival at and departure from the work site.
3. Be aware of the academic requirements the school may have while the student participates in the work experience.
4. Obey all applicable federal and state child labor laws.

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## 115-AR-1. COOPERATIVE EDUCATION RELEASE FORM

I, the student, am aware that \_\_\_\_\_ is a  
(Describe Work-Study Setting)

potentially dangerous activity and that participation will be a potentially dangerous activity involving risk of injury. Because of the potential dangers of the cooperative education activity, I recognize the importance of following supervisors' instructions at all times while at the work site.

I, the undersigned, in consideration of my child being able to participate in a cooperative education program through Centennial School District for the school year 20 \_\_\_\_ - 20 \_\_\_\_, agree to release and forever discharge Centennial School District; its agents, employees, cooperative education sponsors, and School Board members from any and all claims, demands, losses, damages, costs, expenses, and attorney's fees for injury or death to the student resulting from, growing out of, caused by, or arising in any manner from participation in the cooperative education program sponsored through the district.

This Release Form is applicable to all potential cooperative education assignments made by the district.

I, the undersigned, having read and understood the Release Form, agree and consent to the participation of my child in a cooperative education program through Centennial School District. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work-Study Site Sponsor

\_\_\_\_\_  
Date

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## 115-AR-2. STUDENT TRANSPORTATION RELEASE

Parents/Guardians/Adult Student (Age eighteen (18) and older):

If your high school student (or you, if you are a student age eighteen (18) or over) plans to drive him/herself between school and a work-study site during the school day, please complete and sign the following and return it to the school principal.

\_\_\_\_\_ has my permission to drive to and  
(Student's Name)  
from school and a cooperative education site during the school day during the 20 \_\_\_\_ - 20 \_\_\_\_  
school year.

I agree to hold Centennial School District harmless in the event of injury or death to this student or others, including any property damages to student's property or the property of others, while the student is driving or being driven to or from school or work site in a vehicle other than that provided by the District. In addition, I agree not to assert against the District; all current, former and future members of the School Board; current, former and future employees of the District; and their heirs, executors, administrators, successors and assigns in any court of law any claim or claims that the student and/or the parent/guardian had, now has, or may have in the future, whether known or unknown, based on any injuries sustained by the student while being so transported.

I have read the above agreement, and voluntarily sign the release and waiver of liability, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Signature of Parent/Guardian or Adult Student Date

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

**----- District Use Only -----**

\_\_\_\_\_  
Received by Date

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## 115-AR-3. CONSENT FOR TREATMENT

I, \_\_\_\_\_, the parent/guardian of  
\_\_\_\_\_ give my consent for  
my child to participate in the cooperative education program described here:

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I further give my legal consent and authorize any representative of Centennial School District or a sponsor to authorize emergency medical treatment by a licensed physician, hospital or other healthcare provider for my child for any injury or illness of an emergency nature s/he incurs while participating in the activity noted above.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency service incurred on behalf of my child.

I acknowledge and agree that Centennial School District or the sponsor is not responsible for any medical, hospital expenses and/or charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original.

If my child requires emergency medical treatment, I understand that school personnel or the sponsor will make a reasonable attempt to contact me to seek my permission to authorize treatment. To facilitate contacting me, I agree to provide current work, cell and home phone numbers to the school.

This form must be signed and returned to the school by \_\_\_\_\_ if the student named above is to participate in the work-study activity. (Date)

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Date

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## 115-AR-4 INTERNSHIP APPLICATION

### **William Tennent Internship and Career Work Experience Program Information**

The Career Work Experience Program is designed to integrate school-based learning and work-related experiences. The objective of the program is to provide youth with academic and occupational skills.

### **Definition of the Career Work Experience and Internship Program**

The Career Work Experience and Internship Programs operate under the direction of the William Tennent Career Work Experience Program. The Career Work Experience Program is a full-credit, year-long course, and the Internship Program is a .5 credit half-year course.

### **Components of the William Tennent Internship Program**

**Training Agreement** – The school will prepare a training plan for the individual student. The plan will detail the responsibilities and grading requirements. The parties include the school, the students, the parents, and the outside employer, if applicable. The agreement will include the terms and conditions and a program confidentiality component.

**Academic Instruction** – The School District must ensure that the student will meet the academic requirements for high school graduation at the end of the program. The School District will provide graduation credit for the Career Work Experience Program.

**Career Development** – The School District will provide career exploration, planning and guidance activities to students participating in the program.

**Evaluation of Students** - The School District must provide a written evaluation each marking period, which will be available to the student, the employer, and the student's parent or guardian. Workplace mentors will provide an evaluation of the student on workplace performance. The student evaluation will include an assessment of academic performance in school, attendance record in school, progress on attaining skill competencies, and work attitudes and behavior.

### **Student Eligibility**

To be eligible to enroll in the Internship Program, the student must meet the following criteria.

1. Enrollment at William Tennent High School.

2. Junior or Senior Standing.
3. No suspensions or administrative detentions for the past twelve months.
4. Academic eligibility includes a “C” or better in **all** classes.
5. Attendance is satisfactory.
6. Enrollment in the Career Work Experience Program or Internship Program designated courses.

### **Student Rules and Regulations**

This program is a privilege. The student is a representative of William Tennent High School and the Centennial School District. The student must conduct himself/herself in a manner that will reflect favorably on both the high school and the individual.

1. Students must complete the application for consideration.
2. Students must provide appropriate health-related information and be in compliance with standards presented in the program Affiliation Agreement.
3. Students may NOT participate on days absent from school.
4. Students will maintain a workplace journal that details the work-based experience.
5. Students must complete the program including the academic requirements.
6. Students will immediately inform the Program Coordinator with any problems or concerns.
7. Students must adhere to ALL school and business rules and regulations.
8. Students must notify the Program Coordinator and business in the event of illness.
9. Students will NOT leave the worksite early for any reason without Program Coordinator notification or appropriate business partner personal approval.
10. Students will be evaluated by the employer/partner as part of the grading process.
11. Students will conduct themselves in a manner that will create a positive image for themselves and the program. Students violating or ignoring rules will subject themselves to dismissal from the program and denial of credit.
12. Students must maintain a code of honesty. Students who display dishonest behavior will be dismissed from the program.
13. Students will not share information that may be gained through the program. The confidentiality of information must be maintained.
14. Students are not responsible for their own transportation unless otherwise designated.
15. Students must follow the program dress code on visitation days.



**\*\*To Be Completed by High School Personnel\*\***

**1. Disciplinary Approval:**

**Has the student had disciplinary action within the past 12 months?** Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Signature of Assistant Principal: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Guidance Approval:**

**Is the student is qualified to participate in the program?** Yes \_\_\_\_ No \_\_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Signature of School Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Teacher/Advisor Recommendation:**

Teacher/Advisor: \_\_\_\_\_ Class/Club: \_\_\_\_\_

1. Briefly describe the student (Include: work ethic, participation, personality, grades, etc.).

\_\_\_\_\_  
\_\_\_\_\_

2. Does student complete ALL assignments or tasks? Yes \_\_\_\_ No \_\_\_\_

3. Does student follow school and class rules? Yes \_\_\_\_ No \_\_\_\_

4. Has the student been referred for disciplinary action? Yes \_\_\_\_ No \_\_\_\_

5. How many times has the student been:

a. Late to class \_\_\_\_\_

b. Absent from class \_\_\_\_\_

c. Unprepared for class \_\_\_\_\_

6. Would you hire the student to work for you? Yes \_\_\_\_ No \_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

7. Do you recommend this student for the Internship Program? Yes \_\_\_\_ No \_\_\_\_

Signature of Teacher/Advisor: \_\_\_\_\_ Date: \_\_\_\_\_



I grant permission for my child to participate in the Internship Program, and I consent that the Internship Program has permission to publish all photographic portraits or pictures of my child taken in connection with the Internship Program.

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

I understand the following in submitting this application:

1. I agree to keep accurate and careful records of my internship experience, to complete all related assignments, and follow all William Tennent High School and Internship Program rules.
2. I agree to maintain confidentiality with all information I gain through the Internship Program.
3. I agree to submit the following forms prior to beginning the Internship Program, if accepted:
  - a. Cooperative Education Release Form
  - b. Student Transportation Release Form
  - c. Consent for Treatment Form

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_