

Co-op Application

Name:

Age:

Birthdate:

Number of credits at the end of semester 1, 2018:

Number of absences this school year:

Have you had crisis class the last two and a half years? Yes No

Have you had Saturday school the last two and a half years? Yes No

Have you been suspended from school the last two and a half years? Yes No

Are you currently employed? Yes No

 If yes, where do you work?

 Approximately how many hours a week?

What are your future plans?

 College?

 Work?

Would you work 2 hours each day just for the experience? Yes No

List any sports or clubs in which you participate:

What type of career path would you like to pursue? (Farming, secretarial, business, medical, etc.)