

## Work-Based Learning Application

## PLEASE PRINT NEATLY

Name		ID#		
Date of Birth	Age	Grade		
Home Phone No	Cell Phone No			
\$	Street		Apt. #	
Email Address	City		Zip Code	
Parent/Guardian's Na	me			
	iduation? (circle your answer)			
Extra Curricular Active Circle all that apply to y				
Current Employment:				
Are you currently emplo	oyed? Yes	No		
If so, where?	(Name of Business)	How lon	g?	
(Name	of Supervisor)	(Pho	ne Number)	
Transportation:				
Do you drive your own Can you provide your o	car to school? Yes wn transportation to work every or ortation do you have to travel to		No	
Insurance: Are you covered by Insurance				

<b>Coursework and goals:</b>			
*	ou have taken or will register to take	•	
1	4		
2	.)		
3	6		
Wiles and a second least Moth			
Who was your last Math Who was your last Englis			
		school graduation?Yes	No If you plan to
attend a college or technic	cal college, what will be your major	)	No II you plan to
What are your career goa	1~9		
What are your career god	is?		
<b>Current Schedule:</b>			
1 st Semester Schedule (	(2015-2016)		
Period	Class Name	Teacher	
1	Clubb I (ullic	Toucher	
2			
3			
4			
5			
6			
7			
2 <sup>nd</sup> Semester Schedule (2	2015-2016)		
Period	Class Name	Teacher	
1			
2			
3			
4			
5			
6			
7			
I understand:			
	1 &	aking application for enrollment does	not mean that I will
automatically be	*		
		ed prior to a decision on my application	
		outlining my responsibilities and the p	
		d by the coordinator prior to acceptan	ce and may be shared
with potential en	iployers.		
DO VOU HAVE VOUD	DADENTAL /CHADDIAN ADDD	OVAL TO WORK BURING A RO	ADTION OF THE
		OVAL TO WORK DURING A PO	KIION OF THE
SCHOOL DAY:	Yes No		
Student Signature	Date	Parent/Guardian Signature	Date
<u></u> <del></del>		~ - <del>0</del>	

Parent Phone #

Parent E-Mail Address