

Cooperative Education – Work Coop Program Rules & Expectations Student-Parent Agreement

Student and Parent: Please read each statement below carefully. If you agree to the rules & expectations of the program, initial & date each statement in the appropriate box. If you have any questions, please do not hesitate to contact me.

NOTE: Failure to comply with the rules of the program may result in termination from your job site, removal from the Work Coop Program & a failing grade for the quarter.

Student Initials	Parent Initials	Date	<i>By initialing & dating each statement below, I am agreeing to the rules & expectations of the program and promise to abide by each one.</i>
			I will, at all times, conform to all rules & regulations of the WACTC & my employer. I will perform all of my responsibilities at school & work to the best of my ability. I will be on time & be fully prepared upon arriving.
			Students are to learn to how to handle things on their own at work under the guidance of the Coordinator. Parents are encouraged to play a supportive role; however, parental involvement in the workplace is highly discouraged . Topics of issues and/or concerns must be addressed with the Coordinator.
			I understand that regular attendance, 70 % or higher grades in all subjects, & no behavior issues at my home-school & WACTC is required while in the Work Coop Program. I am to have a combined school/work week that does not impair my health and or my academic progress. <i>Poor attendance, grades and/or behavior issues will result in termination from my job & removal from the program & possibly a failing grade for the quarter.</i>
			I understand and agree to complete all class work and certification exams by the due date given to me by my shop instructor or I will be removed from my job until I have done so with a passing grade.
			If I am absent for <u>any & all</u> reasons from my home-school and/or WACTC (<i>excused, unexcused, sick, family trip/issues, appointments, fieldtrips, etc.</i>), I will contact the Coordinator by 8 am by calling her office phone 724-746-2890 ext. 129 or by email.
			I understand that if I am absent from my home-school and/or WACTC, I <u>cannot</u> go to work that day <i>unless</i> I receive permission from the Coordinator.
			I agree to contact my Supervisor and the Coordinator prior to the start of my shift if I am going to be late and/or absent from work. <i>Failure to call into work (no call-no show) may result in termination & removal from the program with a failing grade for the quarter.</i>
			I understand that 10 absences from school and/or work without a physician's note will result in termination at the job-site and removal from the program.
			I understand that I need to contact the Coordinator & my Supervisor in advance if I need to request a day off of work from my regular schedule for all reasons personal & school related. <i>Failure to do so will most likely result in a denial for the request.</i> If it is an emergency or unexpected event, I agree to contact both ASAP.
			I will maintain good hygiene/grooming (hair/makeup) & dress appropriately for my job with clean/wrinkle-free clothing. I will also refrain from profane/vulgar language on the job & at school.
			I understand that I will be removed from the program & receive a failing grade for the quarter if I am terminated from my job for such causes as theft, violence, verbal or physical threats or any other infraction of employment regulations.

Student Initials	Parent Initials	Date	By initialing & dating each statement below, I am agreeing to the rules & expectations of the program and promise to abide by each one.
			I will keep the Coordinator informed of any problems that confront me on the job or in school. I will keep the Coordinator informed about my academic progress.
			I will provide my own transportation to and from work . I will maintain up-to-date auto insurance.
			I understand that I am not allowed to drive to WACTC if my school is providing transportation unless I have approval from Mrs. Adams.
			I will turn in all required documents on a regularly scheduled basis to the Coordinator. Failure to do so will have a negative impact on my quarterly grade. Required documents include but not limited to: paycheck stubs, weekly reporting form, class assignments, etc.
			I understand falsifying information and/or signatures on any of the forms/documents will result in termination, removal from the program & a failing grade.
			I understand that I will attend WACTC every Co-Op class to be held as scheduled on specific Fridays and on other required days throughout the year as well as any day(s) that I am not scheduled to work at my place of employment. Notice will be given to me and my employer.
			I understand an evaluation will be done at my job to assist in determining a quarterly grade. Removal from the job and program may result from a poor evaluation if I am not being a productive employee and positive representative of WACTC.
			I will not quit my job - under no circumstances – without consulting with the Coordinator first. If it is determined that it is in the best interest of all parties involved for me to quit my job, I will do so by a written letter of resignation with a two week notice. I understand that if I walk off of my job & quit immediately, I will be dropped from the program & receive a failing grade for the quarter.
			I understand that I will be employed for a specified time frame through the Work Coop Program. The employer is <i>not</i> required to keep me on or hire me full-time once the time frame has concluded & may end my employment without penalty.
			I understand that the Coordinator in consultation with the administration & employer has the authority to terminate my employment for just causes. The Coordinator will be in close communication with my home-school guidance counselor & attendance officer as well as my instructor at WACTC. My behavior, attendance & grades will be checked on a regular basis.

** The Cooperative Education Coordinator, in conjunction with the administration, has the authority to administer and amend the cause of termination as individual cases warrant.*

*** The program may be terminated at any time providing there is due cause and all parties have been given sufficient notice.*

Student Trainee Transportation Agreement & Photo Release

The parent/guardian agrees (1) to provide transportation for the student trainee to and from the training station (work site); and (2) to assume responsibility for any injuries or damages incurred during travel distance to and from school and to and from the training station.

Permission is granted to photograph my son/daughter/ward for promotional purposes. Yes No

Parent/Guardian Signature

Date

Student Signature

Date