

Cherokee County School District
Work-Based Learning
Student Application Information

I. Personal Data

Student's Full Name:	Student ID Number:	Date of Birth:	Current Age:
High School:	Current Grade:	Last 4 digits of Social Security #	
Home Address:	City:	State:	Zip Code:
Student's Email:	Home Telephone:	Cell Phone:	
Career Pathway Interest:			
Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours to this program (i.e., sports, school, community activities, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____ _____			
What time will you be available to work each day:			
Monday:	Tuesday:	Wednesday:	Thursday: Friday:
Would you be available to work on weekends: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Could you drive to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available for summer employment: <input type="checkbox"/> Yes <input type="checkbox"/> No			

II. Academics

List two teachers who are familiar with your scholastic and work performance that you would ask to recommend you for this Work-Based Learning Program:	1.	
	2.	

III. Work Experience

List previous work experience (<i>starting with the most recent and working backwards</i>)(<i>Include related volunteer and community activities</i>):				
Job Title	Employer/ Name of Firm	Description of Duties	Dates Employed	Reason for Leaving

IV. Parent Information *(to be completed by parent/guardian of applicant)*

Father's Full Name:	Daytime Phone #:	Email Address:
Mother's Full Name:	Daytime Phone #:	Email Address:
Guardian's Full Name:	Daytime Phone #:	Email Address:
Name of person with whom student currently resides:		
Why would your son/daughter be a good candidate for a Work-Based Learning Program?		

V. Certification

As the student applicant, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected for the Work-Based Learning Program, falsified statements may be grounds for removal. I authorize investigation of all statements contained herein and release all parties from liability for any damages that may result from furnishing the same to you. I agree to have my latest achievement scores submitted by my guidance counselor with my application.

Student Signature

Date

Parent/Guardian Signature

Date

Attach a copy of your high school transcripts to this application. Your transcripts can be obtained from the guidance office/student records office.

Non-discrimination Policy: It is the policy of the School Board to offer opportunity to students to participate in appropriate programs and activities without regard to color, creed, national origin (VI of the 1972 Educational Amendments), handicap (Section 504 of the Rehabilitation Act of 1973 and PL94-142) or sex (Title II of the Educational Amendments of 1976 and PL94-482).

