



Evergreen School District #114

13501 NE 28th Street, Vancouver, WA 98684-8910
360 604-4068 Fax 360 604-4104

Cooperative Work Experience *STUDENT ENROLLMENT FORM*

Student's Name: _____ Birth Date: _____
Mailing Address: _____
City _____ ZIP: _____ Phone: _____
Grade Level: ____10 ____11 ____12 Home School _____

Work Site: _____
Work Site Address: _____ ZIP: _____
Supervisor(s): _____ Phone: _____

Classes **previously** completed or that you are **currently** taking that relate to this Work-Based Learning Experience.

Class _____ Class _____
Class _____ Class _____

Pathway: _____

Approximate numbers of hours you plan to work per week: _____

CAREER PLAN

(What is your "High School and Beyond Plan"?)

TRANSPORTATION

____ *Student Transportation Consent Form Attached.* Transportation is NOT provided by school district.

IN CASE OF A MEDICAL EMERGENCY

Doctor's Name _____ Phone _____

Address _____ Emergency Phone _____

List any medications _____

List any allergies or medical conditions *(use back of this form if necessary)* _____

*I have read the information on this form. I approve my student's participation in the Work-based learning program.
I agree to provide necessary transportation and authorize any emergency medical treatment.
I understand that my student is participating in Work-based learning for credit.*

Student Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____