

### DIVERSIFIED COOPERATIVE TRAINING APPLICATION

Name \_\_\_\_\_ Aide Code \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Home Phone \_\_\_\_\_

Mode of transportation to work if approved for DCT: Own vehicle \_\_\_\_\_ Parents' Car \_\_\_\_\_ Other \_\_\_\_\_

Guardian or Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Guardian or Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Are you working now? \_\_\_\_\_ If so, where? \_\_\_\_\_

Position/Duties? \_\_\_\_\_ How Long? \_\_\_\_\_ Do you intend to rstay there? \_\_\_\_\_

Special Skills/Interests for job (typing, child care, construction, agriculture, food service, etc.) \_\_\_\_\_

This year's GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Guidance Signature \_\_\_\_\_

Number of absences this current school year: \_\_\_\_\_ Health problems (please specify) \_\_\_\_\_

Number of discipline referrals this current school year: \_\_\_\_\_ Suspensions: \_\_\_\_\_

Please list required courses that you must take next school year: \_\_\_\_\_

\_\_\_\_\_

Hobbies, interest, extracurricular activities: \_\_\_\_\_

Future career goals: \_\_\_\_\_

**DCT dues (\$20 per semester) are required. The dues will assist in paying for t-shirts, special activities, and the end of the year employer appreciation banquet.**

Please write a paragraph explaining why you want to be a part of the DCT program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### STATEMENT OF RESPONSIBILITY

**Parents:** I agree to follow the policy and procedures of the DCT program and shall do my part in assisting my son/daughter to fulfill obligations to the program including regularity of attendance and maintaining of a satisfactory scholastic standing. I realize that my child will be leaving school campus before the end of the regular school day to report to place of employment for job training. I shall urge my child to exercise extreme caution in getting to work. I will not hold the teacher, SCHS, or the school board responsible for any accident, should it occur, that might involve my child on his/her way to work.

Student: I have discussed the program with my parents and agree to follow the policy and procedures of the DCT program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please print your current schedule on the lines below.

SUBJECT:

TEACHER

ROOM

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*\*Please Attach a Printout of Your Attendance Report (You may get it from the Attendance Office).

\*\*\*I would like to have a photograph of you attached to your completed application , so that I may put a name with a face as I become familiar with potential DCT students.

\*\*\*Any job site must offer Workmen's Compensation in order for the job to be used as a DCT training site for students.