



**WORK-BASED LEARNING
STUDENT APPLICATION**

Student Name:			
Career Program:	Teacher:	Year 1 2 3	Circle one AM / PM
Home Street Address:			
Town and Zip:			
Home Telephone:			
Parent name & Work telephone:			
Student cell #:			
Student Email:		Parent cell #:	
High School Name:			
HS Guidance Counselor's Name:			
Grade:	Age:	Date of Birth:	
Are you taking an academic class at Barry Tech? Yes No		Name and days of academic class:	
Enter any physical or other limitations that need consideration:			

Plans after High School Graduation (circle all that apply):

<input type="checkbox"/> Work	<input type="checkbox"/> College	<input type="checkbox"/> Military	<input type="checkbox"/> Further education/training
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I understand that this application does not guarantee co-op or internship placement.

Student Signature

Date

Please return this form to your Barry Tech Work Experience Teacher Coordinator – Mrs. O’Moore.

Please note: You can not be excused from any Barry Tech ACADEMIC classes.