

CO-OP REGISTRATION APPLICATION

For Seniors ONLY

2025-2026 School Year
Creekside High School

Student Name: _____ Student ID: _____
Print First & Last Name

Name of Employer / Organization: _____

Name of Supervisor: _____

Employer / Organization Phone #: (_____) _____ - _____

Please initial the indicated areas below:

- Whether you are scheduled for 1, 2, 3, or 4 periods of executive intern, you are required to work or volunteer a **minimum of 25 hours per month**.
- The senior schedule requires at least 3 classes. **We cannot give a choice as to morning or afternoon dismissal.** *Core classes will take priority over a Co-Op period placement.* _____ *Initial here*
- Students must not be on campus when they are not scheduled for a class on campus. Continual violation of this will result in removal of the executive intern (Co-Op) period. In addition, students do not need to work during class times, if the minimum required 25 hours is met each month.
- **Documentation of the hours worked need to be submitted on or before the last school day of each month.** Acceptable documentation must show student's name, dates worked, and hours worked. An example is a pay stub or time sheet. Hours will be submitted as an assignment on Schoology.
- **A letter grade will be awarded for each period of executive intern.** Letter grades will be earned based on hours submitted and if hours were submitted in time. If hours are not submitted monthly, the student will earn an "F" for the grading period.
- Students will submit documentation of hours worked for **August – November** and **January – April**
- Hours submitted to Executive Internship for credit CANNOT also be submitted for Bright Futures working hours.

STUDENT AGREEMENT

I, _____ (Student Name), acknowledge the requirements of this course. I understand that if at any time my employment/volunteer duties cease OR if I fail to submit monthly timesheets, pay stubs, or volunteer logs verifying that I completed a minimum of 25 hours, I will earn an F and NO credit for the course. I also understand that I must maintain my driving privileges and parking permit in order to remain in this course. Scheduling of this course is determined by the master schedule, and I will not be given a choice in what periods this course is scheduled.

Student Signature: _____ Parent Signature: _____

RETURN COMPLETED FORM TO MS. SUNDSTROM IN ROOM 130 BY MAY 30TH, 2025