

STUDENT ACKNOWLEDGEMENTS AND PERMISSIONS

This document serves as permission and acknowledgement that

(Print Student's First and Last Name)

is applying to participate in Pittsburgh Public Schools' CTE Cooperative Education Program.

I grant permission for

(Print Student's First and Last Name)

to participate in Pittsburgh Public Schools' CTE Cooperative Education Program. Once accepted, the student will be placed in an appropriate workplace setting.

Student: _____

Date: _____

Parent/Guardian: _____

Date: _____

Parent/Guardian Cell Phone: _____

Co-Op Coordinator: _____

Date: _____

I acknowledge that _____ will participate in Pittsburgh Public Schools'
(Print Student's First and Last Name)

CTE Cooperative Education Program once accepted and placed in an appropriate workplace setting. I acknowledge the student will only be leaving school during CTE Program Instructional time.

CTE Program Teacher _____

Date: _____

Academic Counselor _____

Date: _____

Career Counselor: _____

Date: _____

Principal: _____

Date: _____

CTE Executive Director: _____

Date: _____