Butler County Area Vocational-Technical School

**Cooperative Education Pre-Approval**

**Student’s Name** **Date**

**BCAVTS Program**

**BCAVTS Instructor BCAVTS Program**

**Date**

**Recommended**

**BCAVTS Instructor’s Signature**

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| **Comments** |  |
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**Student’s Signature of Acknowledgment**

**Date**

My son/daughter has my permission to participate in the BCAVTS Co-op Program. I understand that the Co-op Coordinator will share academic, attendance and health records with the employer related to the job.

**Parent/Guardian’s Signature of Acknowledgment**

**Date**

\*Completing this Recommendation DOES NOT guarantee the student’s acceptance into the Co-op Program.

\*Packets A, B, & C must be completed once approved for Co-op Program.

\*Completing Packets A, B, & C DOES NOT assure the student of a Co-op job or credit.

\*A student can be revoked from Co-op at any given time.