

Name \_\_\_\_\_

Period \_\_\_\_\_

## Cooperative Occupational Education (COE)

### CONTRACT

The above named program is meant to give me Career Exploration opportunities as well as enhance my Employability Skills.

In order to participate in the Douglas County School District COE Program, I the undersigned student, have read and do understand the following:

It is my sole responsibility to:

- Turn in this document, signed by my parent and employer, and verification of my employment (current pay stub) within two weeks of the beginning of the semester.
- Complete the required hours before the end of the semester, and submit documentation of the hours on a regular basis.
- Attend seminars and complete assignments during the period I am scheduled for COE. 5<sup>th</sup>, 6<sup>th</sup>, or 7<sup>th</sup> (after school)
- Be on time for my job every scheduled day, call my site supervisor if I have a legitimate reason to be late, and contact the program coordinator if I am having any type of difficulties at the business site.

I understand that I am responsible for conducting myself in an appropriate manner at all times at my business site, and that I am responsible for satisfying the requirements of COE by the end of the semester in order to earn a grade (as outlined in the course description) and elective credit.

I understand that if I do not turn in the required paperwork and there are no documented hours of work by the first progress report, I WILL BE DROPPED FROM THE CLASS.

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

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

Business/Employer Name \_\_\_\_\_