

C@SH (CAREERS AT STOUGHTON HIGH) PROGRAM APPLICATION

Stoughton High School
232 Pearl Street ** Stoughton, MA 02072**
Telephone (781) 344-7001



Stoughton High School admits students and makes available to them its advantages, privileges and courses of study without regard to race, color, sex, religion, national origin, sexual orientation or disability.

STUDENT DATA

Student's Name: Last: _____	First: _____	MI: _____	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Home Address: _____				
City/Town: _____	State: _____	Zip Code: _____		
Personal Email: _____	School Email: _____			
Home Phone #: _____	Student Cell #: _____			
Career Pathway Program: <i>(Enter your Career Pathway Program's Title in #1. Enter a second choice, if any, in #2.)</i>				
Selection #1				
Selection #2				

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: Last: _____	First: _____			
Home Address: _____				
City/Town: _____	State: _____	Zip Code: _____		
Home Phone Number: _____	Work Phone Number: _____			
Home Email: _____	Work Email: _____			
Cell Phone #: _____				

STUDENT EMPLOYMENT RECORD INFORMATION

Last Employer: _____	Employment Dates: _____
Type of Business: _____	Job Title: _____
Address: _____	Salary: _____
Supervisor: _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties: _____	Company Phone Number: _____
	Reason for Leaving: _____

STUDENT EMPLOYMENT RECORD INFORMATION (CONTINUED)

Previous Employer: _____ **Employment Dates:** _____
Type of Business: _____ **Job Title:** _____
Address: _____ **Salary:** _____

Supervisor: _____ **Company Phone Number:** _____
Duties: _____ **Reason for Leaving:** _____

May we contact? Yes No

REFERENCES

Please list two (2) teacher, personal and/or professional adult references. (should not be a relative)

#1 Name - Last: _____ **First:** _____
Address: _____
City/Town: _____ **State:** _____ **Zip Code:** _____
Home Phone Number: _____ **Work Phone Number:** _____
Years Acquainted: _____ **Occupation:** _____

How do you know this individual: _____

#2 Name - Last: _____ **First:** _____
Address: _____
City/Town: _____ **State:** _____ **Zip Code:** _____
Home Phone Number: _____ **Work Phone Number:** _____
Years Acquainted: _____ **Occupation:** _____

How do you know this individual: _____

SIGNATURES

1. The statements and information furnished by us in this application are true and complete.
2. We give permission for the student named in this application to participate in the career pathway education program.
3. We give permission for representatives of the school to release academic and technical records including Competency Attainment Lists, and grades, past and present, as well as any other pertinent information that may be required by potential cooperating employers for the purpose of evaluation.
4. We understand that if at any time, in the opinion of the designated Career Pathway education coordinator, the student is not meeting the requirements of this program with regards to grades, attendance, attitude and/or performance, his/her placement will be terminated.
5. I agree to follow all the rules and regulations for participation in this program as outlined in the student handbook?

Our signatures certify that we have read and agree with the above statements.

Signature of Student _____ **Date** _____ **Signature of Parent / Guardian** _____ **Date** _____