



**ALBANY HIGH SCHOOL
CAREER & TECHNICAL EDUCATION**

99 Kent Street • Albany, New York 12206 • 518-475-6400 • www.ahscte.com



Work Based Learning: Pre CO-OP Conference Permission Slip

Dear Parent, your child is in his/her final year of his/her Career and Technical Education (CTE) Pathway. Seniors, in good standing, have the opportunity to participate in a Cooperative Work Experience (CO-OP) with a local business for the school year. Work based learning is an essential aspect of CTE. Students learn through real-world applications as they work towards their technical endorsement and preparation for life after graduation. Prior to establishing a CO-OP and initiating the necessary paperwork and parent consent, I convene a Pre CO-OP Conference between the student, the business representative and myself to discuss the opportunity and ask any questions. If the student then wants to pursue the opportunity, I would initiate the necessary paperwork which would explain the placement in detail and require permission from his/her parent. This permission slip is to allow your child to attend a Pre CO-OP Conference. The details are below and your child will be responsible for any missed classroom work. Transportation is not provided. Please complete the Transportation Authorization Form on the reverse side of this document. Please contact Mr. Fesel at jfesel@albany.k12.ny.us or 475-6418 with any questions.

Permission slips must be returned on or before ____/____/____.

I, _____, parent/guardian of _____ / _____, hereby
(print your name) (print student's name) (student ID#)
give her/him permission to attend the Pre CO-OP Conference listed below.

Date of Pre-Conference: ____/____/____ Time of Pre-Conference: _____

Worksite: _____

Telephone #: _____

Address: _____

In case of an emergency I can be reached at the following telephone#: _____

Signature of Parent/Guardian

Signature of Student

Date: _____

Date: _____

Please complete the Transportation Authorization Form on the reverse side of this document.

(OVER)

CTE Mission: To illuminate numerous paths to success for our students to ensure that they are both college and career ready. With high-quality preparation for college and career, our graduates will have access to meaningful, long-term career opportunities and a more hopeful future.

Work Based Learning: Transportation Authorization to Off-Campus Worksites

_____	_____	_____
Student Name	Program of Study	
_____	_____	_____
Course	Student ID#	School Year

The above named student has requested permission to drive his/her vehicle or/and take public transportation directly to an off campus worksite during the school year.

Worksite Name: _____ Telephone #: _____

Address: _____

Student will be utilizing (check all that apply):

- Public Transportation/CDTA (I have / I have not been issued a CDTA swiper.)
 Personal Vehicle (complete vehicle information below)

Make of Car: _____ Color: _____ Year: _____

License Plate#: _____ Student License#: _____

Insurance Company: _____ Policy #: _____

This authorization is for the driver only. No other students are to be transported in the car. Any violations will revoke this and any future authorization. Taking and arranging for public transportation is the responsibility of the student.

Permission must be granted by the following:

Parent Name

WBLC Name

Parent Signature

Date

WBLC Signature

Date

