

Cooperative Vocational Education Program
Parental Permission Form
Eastern Lebanon County School District
180 ELCO Drive
Myerstown, PA 17067
(717) 866-7447

Instructions: This form is to be completed by the parent/guardian.

Student Name: _____

Training Agency: _____

Agency Address: _____

Parent/Guardian Name: _____

Home Address: _____

Phone: Home _____ Work _____

Alternate Contact: _____

Phone: _____ Relationship: _____

Any medical conditions staff should be made aware of _____

I hereby give permission for _____ to drive from ELCO High School to the following destination beginning on _____ to _____ to participate in the cooperative education work experience at the agency site listed above.

I also understand my child may be asked to work during holidays and weekends when school is not in session. I give permission to drive from my home to their working destination and then return home again.

I am also guaranteeing that my child is covered by adequate car insurance.

Insurance Provider

Policy Number

Parent Signature

Date