



DISTRICT SCHOOL BOARD OF PASCO COUNTY
COOPERATIVE EDUCATION STUDENT AGREEMENT

MIS Form #628
Rev. 8/09

School \_\_\_\_\_ Student \_\_\_\_\_

Coordinator \_\_\_\_\_

Federal Tax ID/Employer Identification # \_\_\_\_\_

Upon acceptance into this On-the-Job (OJT) Training Program, and after discussing the responsibilities I have in participating in this program with my On-the-Job Coordinator, I agree to the following:

- 1. I will abide by all rules and regulations as established in the Florida Child Labor Law and the Federal Fair Labor Standards Act provisions and the District School Board of Pasco County Code of Student Conduct.
2. I will obtain a Social Security card and proof of age.
3. On days I am absent from school or assigned to in-school suspension, I should not go to work without the specific approval of the Coordinator.
...
18. I understand that my training site must be appropriate for my career goals and approved by my Coordinator.
19. \_\_\_\_\_

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS AND DO HEREBY AGREE TO FULFILL THEM TO THE BEST OF MY ABILITY. EACH OF THE PARTIES TO THIS AGREEMENT HEREBY AGREES TO INDEMNIFY AND HOLD THE OTHER PARTY HERETO HARMLESS FROM AND AGAINST ALL DAMAGES OF ANY NATURE WHATSOEVER WHICH ARE CAUSED OR MATERIALLY CONTRIBUTED TO BY ANY OFFICER, EMPLOYEE, AGENT OR OTHER REPRESENTATIVE OF THE INDEMNIFIED PARTY.

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

I HAVE READ THIS AGREEMENT AND DO HEREBY GIVE MY PERMISSION FOR PARTICIPATION IN THE CO-OP PROGRAM. I WILL ASSUME RESPONSIBILITY FOR INSURANCE COVERAGE FOR THE PARTICIPANT, AND SIGN THE PARENT RELEASE FORMS FOR FIELD TRIPS AND OTHER CLUB ACTIVITIES.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_