

### COOPERATIVE EDUCATION



NAME \_\_\_\_\_

\_\_\_\_\_ *Program*

\_\_\_\_\_ *School*

Excused from school at \_\_\_\_\_

\_\_\_\_\_ *Cooperative Teacher's Signature*      \_\_\_\_\_ *Phone Number*

Expires \_\_\_\_\_ FM-2424 Rev. (11-06)

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**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

Division of Applied Technology  
1450 Northeast Second Avenue  
Miami, Florida 33132

Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
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I.D. # \_\_\_\_\_  
Expires \_\_\_\_\_

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