**COOPERATIVE EDUCATION APPLICATION FORM**

**NAME**

Last Name  
First Name  

**ADDRESS**

Town/City  
Postal Code  

**BIRTHDATE**

Day  Month  Year  
AGE  MALE or  FEMALE  
Home Phone  

**COOPERATIVE EDUCATION AND PROGRAM INFORMATION**

1. **What type of Cooperative Education placement are you seeking?**
   1st choice:  
   2nd Choice:  
   3rd Choice:  

2. **Do you have an employer in mind?**
   - [ ] yes  
   - [ ] no  
   If **yes**, name of business:  
   Contact Name:  
   Phone Number:  
   *Note: It is the co-op teachers responsibility to contact the employer*

3. **I prefer:**
   - [ ] AM  
   - [ ] PM  
   - [ ] All day  
   I prefer:  
   - [ ] Semester 1  
   - [ ] Semester 2  

4. **In a paragraph, explain why you feel Cooperative Education would be beneficial to you.**

5. **List any health concerns which may need to be considered for placement.**

6. **To get to your Cooperative Education placement, indicate whether you will walk, take a bus, drive a car, or parents/guardian/relative will drive.**
7. List any extra-curricular activities you are involved in (include in-school activities, out-of-school activities, and employment).

Will co-op affect any of your extra-curricular activities?  □ yes  □ no
If yes, how will co-op affect these activities (i.e. practices Tuesday/Thursday)?

8. What are your career plans?

9. Are you a Specialist High Skills Major (SHSM) student?  □ yes  □ no
If yes, what program?

10. Are you a French Immersion student?  □ yes  □ no

11. Are you interested in taking a Dual Credit class at St.Clair College?  □ yes  □ no

Teacher References:
1. 
2. 
3. 

SIGNATURES
I understand that this application form, along with teacher reference forms, will be used to help determine the most suitable candidates for Cooperative Education.

Signature of Student

Signature of Parent/Guardian  Date