

School Name

COOPERATIVE EDUCATION APPLICATION FORM

NAME									
		Last Name					First Name		
ADDRESS									
							Town/City		Postal Code
BIRTHDATE			A 4 = == (/=		AGE	E	MALI		
		Day	Month	Year			FEMA	ALE	Home Phone
COOPERATIVE EDUCATION AND PROGRAM INFORMATION									
1. W	hat type	of Coope	erative Educ	ation place	ement are	you seeki	ing?		
1 ^s	t choice:			2 nd Cho	ice:			3 rd Choice:	
2. Do	o you ha	ve an em	ployer in mi	nd?	□yes	□no		-	
If yes , name of business: Contact Name:									
	, yoo , no		_				_	_	
		Phone N	umber:			*Note: It is the	e co-op tea	chers responsibil	lity to contact the employer
3. lp	orefer:	$\square AM$		□All day		I pre	fer: 🔲	Semester 1	☐Semester 2
4. In	a parag	raph, exp	lain why you	u feel Coo _l	perative E	ducation v	would be	beneficial to	you.
5. Lis	5. List any health concerns which may need to be considered for placement.								
6. To	get to	our Coor	perative Edu	cation pla	cement. ir	dicate wh	ether vo	u will walk , t a	ake a
			r parents/gi				.		

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.									
	If yes, what program?								
10.									
11.	Are you interested in taking a Dual Credit class at St.Clair College? □yes □no								
	Teacher References:								
	1.								
	2.								
	3.								
SIGN	IATURES 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								
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