



ADULT AND CONTINUING EDUCATION - LEAMINGTON CAMPUS

215 Talbot St East, Leamington ON N8H 3X5 | Ph: (519) 322-1688 - Fx: (519) 326-9657



COOP Application: Night School | February 2019

TREVLAC INFORMATION	ACTIVE	INACTIVE	NEW	ET	SCHOOL:
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OEN#	TREVLAC#
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Last Name	Address	Apt#
First Name	City	
Date of Birth <small>YYYY / MM / DD</small>	Postal Code	Gender <small>(circle one)</small> M F
Home Phone	Cell Phone	
Email Address		

EDUCATION INFORMATION

Name/Location of previous School:

Have you ever attended adult education? YES / NO If Yes Where:

Was your education done in another country? YES / NO If Yes Where:

Was your education done in another province? YES / NO If Yes Where:

CITIZENSHIP INFORMATION

What's your status in Canada?
(Check one only)

Canadian Citizen 1 Permanent Res. or Landed Immigrant 3
 Student Visa 4 In Canada on the authority of another Visa 5
 Refugee Status 7

If you were NOT born in Canada, Please Answer Below

Country of birth	Country Entered From	Year/Month of Arrival
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If you were born in Canada but NOT in Ontario, Please Answer below

Province of birth	Province Entered From	Year/Month of Arrival
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What is your first language?

SOURCE DOCUMENTATION - To be verified by staff

Verified by: (Staff Signature) <input type="checkbox"/> Birth Certificate 1 <input type="checkbox"/> Passport 8	<input type="checkbox"/> Canadian Citizenship 5 <input type="checkbox"/> Record of Landing 4 <input type="checkbox"/> Cert. Birth Abroad 3 <input type="checkbox"/> Permit Come/ Remain 7 <input type="checkbox"/> Indian Status 6 <input type="checkbox"/> Refugee Travel Doc. 9 <input type="checkbox"/> Visa - Student 15 <input type="checkbox"/> Refugee ID 10 <input type="checkbox"/> Name Change 13
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MEDICAL INFORMATION

Do you have Medical Issues? (explain)	Payment
Emergency Contact Name / Phone #	

GUIDANCE COUNSELLOR PORTION

Documents Provided		Program Req.		Course Codes	
C.C. Summary		1 Credit Coop		Course Code:	
Transcript		2 Credit Coop		Course Code:	
Parent/Student Signature _____		Date _____		Counsellor Signature _____	
				Date _____	

PLACEMENT INFORMATION

Name of Placement		Supervisor	
Address		Phone	
City / Prov.		Fax	
Days & hrs. of Work	Approx. Total hrs./week	Paid / Unpaid	
Is this placement for any of the following?			
<input type="checkbox"/> Summer Jobs for Youth Program (New Beginnings)		<input type="checkbox"/> OYAP	
<input type="checkbox"/> Focus on Youth Program (GECDSB/YMCA)		<input type="checkbox"/> Community Kitchen	
<input type="checkbox"/> SHSM: Indicate program _____		<input type="checkbox"/> Ontario Public Service Program (OPS)	
<input type="checkbox"/> I do not have a Placement			

COMMUNICATION LOG

PRINCIPAL RECOMMENDATION

Student Name:	Current School:						
<p>The above named student has my recommendation to enroll in the course _____ and the Continuing Education Department, and has the required prerequisite course(s) where needed.</p> <p>Please check the all applicable reason(s) below for enrolling this student into Night School.</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Required for University/College entrance</td><td><input type="checkbox"/> 30th credit</td></tr><tr><td><input type="checkbox"/> Required for Graduation</td><td><input type="checkbox"/> Course not available in school</td></tr><tr><td><input type="checkbox"/> Student has never attempted this course</td><td><input type="checkbox"/> Timetable conflict within school schedule</td></tr></table>		<input type="checkbox"/> Required for University/College entrance	<input type="checkbox"/> 30th credit	<input type="checkbox"/> Required for Graduation	<input type="checkbox"/> Course not available in school	<input type="checkbox"/> Student has never attempted this course	<input type="checkbox"/> Timetable conflict within school schedule
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Principal Signature: _____	Date: _____						