



BRDHS COOPERATIVE EDUCATION APPLICATION FORM

NAME	_____	_____	
	<i>Last Name</i>	<i>First Name</i>	
ADDRESS	_____	_____	_____
		<i>Town/City</i>	<i>Postal Code</i>
BIRTHDATE	_____	_____	_____
	<i>Day</i>	<i>Month</i>	<i>Year</i>
AGE	_____	MALE or	_____
		FEMALE	_____
			<i>Home Phone</i>

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