

## CO-OPERATIVE EDUCATION STUDENT APPLICATION FORM

Who is eligible to apply for a co-operative education course? A student with the written approval of his/her parent/guardian may submit an application to be considered for a Co-operative Education course; the student must be 16 years of age to do a co-operative education placement. Successful completion of this credit requires a 25 hour in-school component and a 100 hour work/community placement. *All students applying for a Cooperative Education course must be interviewed prior to acceptance into the course.*

Student Name: _____	Student Number: _____
Date of Birth: _____	Grade: _____
Address: _____ _____ _____	Home Phone: _____
	Cell: _____
	Email: _____
Parent Name: _____	Home Phone: _____
Address: _____ _____ _____	Cell: _____
	Work Phone: _____
	Email: _____

Have you previously completed a co-operative education credit?                      Yes      No

What are your reasons for being interested in Co-operative Education?

\_\_\_\_\_  
\_\_\_\_\_

Indicate three (3) career areas you would like to explore:

(1) \_\_\_\_\_                      (2) \_\_\_\_\_                      (3) \_\_\_\_\_

Indicate skills and/or experience you have which may relate to the career areas above.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have a specific workplace in mind?                      Yes      No

If yes, please provide details?

\_\_\_\_\_

What career path are you considering after graduation?

\_\_\_\_\_  
\_\_\_\_\_

**Two references must accompany this application. One must be a teacher; the other should be a community reference or may be a teacher in exceptional cases.**

It is the family's responsibility to provide transportation according to the School Board Policy and Motor Carrier Act. How do you intend to get to the co-operative education placement?

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**Employment History:**

Do you presently have a part-time job? Yes    No

If yes, are you willing and able to rearrange your part-time job hours to accommodate co-operative education commitments? Yes    No

**Please complete the following charts:**

Current and Past Employment	Volunteer Work

Interests	Hobbies	Certificates/Awards

Please identify medical conditions and/or special circumstances that need to be considered when arranging a co-operative education placement.

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Additional comments:

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\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

***Where available, the student timetable should accompany application form.***