



Cooperative Education Application & Student Self-Assessment Form

FREEDOM OF INFORMATION: PURSUANT TO SUBSECTION 29 (2) OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, THE PERSONAL INFORMATION COLLECTED FOR THE PURPOSES OF COOPERATIVE EDUCATION PROGRAMS IS COLLECTED UNDER THE AUTHORITY OF THE EDUCATION ACT, AND WILL BE USED FOR THE ONGOING ADMINISTRATION OF APPROPRIATE COOPERATIVE EDUCATION PLACEMENTS.

INSTRUCTIONS: Please complete this form in FULL and attach it to your course selection sheet. This application will enable the co-op department to select the appropriate co-op teacher to interview you in the spring. This is an important part of your application process!

PLEASE PRINT
Student Information:

Name:		Home Telephone:	
E-mail:		Cell Phone:	
Street Address:		City:	Postal Code:
Present Age:	<input type="checkbox"/> Male <input type="checkbox"/>	# of days absent from this school year:	# of days late this year:
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Emergency Contact Information:	Name _____ Telephone _____
	(Year) (Month) (Day)		
SHSM Student <input type="checkbox"/>	Homeroom/Rm#:	Homeroom Teacher:	Guidance Counsellor:
At what level are the majority of your courses?	<input type="checkbox"/> Academic <input type="checkbox"/> Applied <input type="checkbox"/> College <input type="checkbox"/> College/University <input type="checkbox"/> University <input type="checkbox"/> Workplace		
Names of teachers serving as a reference for you: 1. _____ 2. _____ 3. _____			
<input checked="" type="checkbox"/> List TWO career choices you wish to explore through Co-op AND NOTE: The Co-op placement will depend upon the organization and Availability		1.	_____
		2.	_____

SCHOOL COURSES: List school courses that you have taken and/or experiences that you have had that are directly related to your desired Co-operative Education placement.	JOBS/VOLUNTEER EXPERIENCES: List any part-time jobs or volunteer experiences that you have had. <u>Place of Work</u>
	1. _____
	2. _____
	3. _____
	4. _____

PLANS/GOAL AFTER HIGH SCHOOL:

(Check one) → Work Apprenticeship College University

MEMBERSHIPS: (i.e., Team, Club, Organization)		

