

CO-OPERATIVE EDUCATION APPLICATION FORM

Student:	Parent/Guardian:
Address:	Postal Code:
City:	
Phone:	S.I.N:
email address:	
Age:	Date of Birth:
School average:	Number of absences in present semester:
	Number of lates in present semester:

Career Goal: \_\_\_\_\_

Subject related to Co-op placement request:

1. \_\_\_\_\_ Mark \_\_\_\_\_

Circle the appropriate response to the following questions.

- Have you ever been convicted of a Federal Offence for which you have not received a pardon? **Yes/No**
- Are there any charges or investigations pending that may affect or restrict your placement in this program? **Yes/No**
- Are there conditions or restrictions that may prevent you from participating in a specific placement? **Yes/No** (e.g. trespassing, shoplifting, court order, etc.)

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Office Use Only	
[ ] Student Handbook [ ] Resume [ ] Cover Letter	
PLACEMENT DESIRED (List in order of preference)	
1.	
2.	
PLACEMENT:	PLACEMENT:
Contact Person:	Contact Person:
Address:	Address:
Phone:	Phone:
In-School Component:	Out of School Component:

Please return application to the cooperative education office by: \_\_\_\_\_