



SIR WINSTON CHURCHILL
CO-OPERATIVE EDUCATION DEPARTMENT

SPECIAL CONFERENCE/WORK APPLICATION

WORK PLACEMENT: _____

PLACEMENT SUPERVISOR: _____

CO-OP TEACHER: _____

NORMAL PLACEMENT HOURS: _____

STUDENT NAME: _____

ABSENT FROM CLASS ON: _____
(DATE AND HOURS)

PLEASE INDICATE BELOW IF YOU WILL ALLOW THIS ABSENCE FOR EDUCATIONAL PURPOSES.

TEACHER # 1: _____

TEACHER # 2: _____

CO-OP TEACHER: _____

THANK YOU FOR YOUR CO-OPERATION

