



# South Carleton High School

## Cooperative Education Application Form 2019-2020

Student Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Date of Birth: Y \_\_\_\_\_ / M \_\_\_\_\_ / D \_\_\_\_\_ Period 1 Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

FULL NAME

Father/Guardian: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

TYPE OF COOP PLACEMENT DESIRED AND RELATED IN-SCHOOL PREPARATION COURSE

CHOICE

PLACEMENT

IN-SCHOOL COURSE

1<sup>st</sup>

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup>

\_\_\_\_\_

\_\_\_\_\_

*Example*

*Veterinary Assistant*

*SBI 3U - Biology*

\_\_\_\_\_

\_\_\_\_\_

**(OPTIONAL)** IF YOU KNOW THE NAME OF A BUSINESS, OR PERSON WHO YOU WOULD LIKE TO RECOMMEND AS A RELEVANT PLACEMENT CONTACT, PLEASE LIST THE INFORMATION BELOW OR PROVIDE A BUSINESS CARD.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please provide information about any work / volunteer experiences you have had (begin with the most recent).

Dates (YY / MM / DD)	Where did you work?	Employer's Name	Telephone

LIST ANY SKILLS THAT YOU HAVE TO OFFER AN EMPLOYER. PLEASE INCLUDE THINGS LIKE COMPUTER PROGRAMS YOU HAVE USED IN SCHOOL OR HAVE LEARNED ON YOUR OWN. LIST PERSONAL CHARACTERISTICS YOU HAVE DEMONSTRATED AT YOUR PART-TIME JOB OR IN THE CLASSROOM THAT MAY BE TRANSFERRED TO A COOP JOB PLACEMENT. (Some typical ones are hard working, punctual, reliable, etc.)

SOFTWARE KNOWLEDGE: I use the following computer programs in class/at home \_\_\_\_\_

PERSONAL CHARACTERISTICS: \_\_\_\_\_

TEACHER REFERENCE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

A teacher that has taught you who would confirm that you have demonstrated appropriate transferable classroom skills / characteristics.

**TRANSPORTATION**

WE RECOMMEND THAT YOU TAKE THE PROVIDED TRANSPORTATION (COOP SHUTTLE BUS). PLACEMENTS OUTSIDE OF THE COOP SHUTTLE BUS AND OC TRANSPOR ROUTES (E.G. TO MUNSTER OR NORTH GOWER) REQUIRE PERSONAL OR FAMILY PROVIDED TRANSPORTATION AT YOUR OWN COST. NOTE - THERE IS NO SCHOOL PROVIDED TRANSPORTATION FROM THE WORKPLACE AT THE END OF THE DAY.

HOW DO YOU INTEND TO GET TO YOUR COOP PLACEMENT? CAR  COOP BUS

HOW DO YOU NORMALLY TRAVEL TO AND FROM SCHOOL? DRIVE  SCHOOL BUS

**OTHER**

LIST ANY AFTER SCHOOL OBLIGATIONS (SEASON/MONTHS) YOU DO DURING THE SCHOOL YEAR THAT MIGHT CONFLICT WITH COOP:

DO YOU CURRENTLY HAVE A PART-TIME JOB? YES  NO

IF YES, WHAT ARE YOUR TYPICAL HOURS/SHIFTS? \_\_\_\_\_

DO YOU HAVE ANY HEALTH OR MEDICAL CONDITIONS THAT SHOULD BE KNOWN BY YOUR COOP TEACHER AND/OR YOUR WORKPLACE SUPERVISOR? YES  NO

PLEASE SPECIFY: \_\_\_\_\_

MY LEARNING SKILLS HAVE BEEN ASSESSED AND I HAVE AN IEP? YES  NO

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: Y\_\_\_\_M/\_\_\_\_D/\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ COOP TEACHER'S INITIALS: \_\_\_\_\_

PARENTS ARE SIGNING TO INDICATE THAT THEY HAVE REVIEWED THIS APPLICATION AND UNDERSTAND THE COMMITMENT THEIR SON/DAUGHTER IS MAKING TO COOP. PLEASE CALL IF YOU HAVE ANY QUESTIONS OR CONCERNS.

**PLEASE RETURN THIS APPLICATION TO THE GUIDANCE OFFICE**