

MERIVALE HIGH SCHOOL COOPERATIVE EDUCATION APPLICATION FORM

STUDENT NAME

STREET ADDRESS

CITY TELEPHONE - - BIRTH DATE / /
MONTH DAY YEAR

GUIDANCE COUNSELLOR E-MAIL

1. *State your reasons for applying for cooperative education*

2. *State the career area or type of work in which you would like a coop placement*

1ST CHOICE

2ND CHOICE

3RD CHOICE

3. *Suggest names of companies or agencies where you might like a coop placement*

4. *If you have a prospective coop placement and supervisor - supply the following information*

NAME OF BUSINESS / OFFICE

ADDRESS

PHONE NUMBER CONTACT PERSON

5. *Outline any experiences you have had that relate to your placement choices*

6. *List your main extra-curricular activities or hobbies*

7. *What are your career education plans beyond high school graduation?*

8. STATE YOUR WORK EXPERIENCE

NAME OF BUSINESS _____

COMPANY ADDRESS _____

DATES OF EMPLOYMENT _____ NAME OF EMPLOYER _____

JOB TITLE/DESCRIPTION _____

NAME OF BUSINESS _____

COMPANY ADDRESS _____

DATES OF EMPLOYMENT _____ NAME OF EMPLOYER _____

JOB TITLE/DESCRIPTION _____

9. Identify 2 teachers who currently teach you and might act as your references

10. Approximately how many days have you been absent from school this academic year? _____ DAYS

11. Explain any physical limitations, difficulties or characteristics which should influence the placement process or could compromise your job performance/training.

12. State the number of school credits you expect to have by June 2008 _____ CREDITS

13. How many coop credits do you wish to earn in the next school year? _____ CREDITS

ONE HALF-DAY COOP PLACEMENT IN EACH SEMESTER, WOULD YIELD FOUR COOP CREDITS — TWO CREDITS PER TERM.
STUDENTS ARE REQUIRED TO COMPLETE A MINIMUM OF TWO COOP CREDITS PER TERM.

14. Indicate if you are registered in the morning or afternoon coop session

_____ MORNING COOP PLACEMENT _____ AFTERNOON COOP PLACEMENT