

**Stephen Lewis S. S.**  
**Co-operative Education Application 2009 – 2010**

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 co-operative education programs is collected under the authority of the education act, and will be used for the ongoing administration of appropriate co-operative education placements.

**Please complete this application, attach a copy of your resume (if you have one),  
and return this to Mrs. Dubeau in the Guidance Office as soon as possible.**

Student Name: \_\_\_\_\_ Student#: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Student E-mail: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

**Destination after high school: (circle one )**

Apprenticeship                  College                  University                  Workplace                  No clue

**How is your attendance at school?**    Excellent                  Good                  Fair                  Needs Improvement

**How is your punctuality?**                  Excellent                  Good                  Fair                  Needs Improvement

**What kind of co-op placements are you interested in? List in order of preference:**

1. \_\_\_\_\_ 2: \_\_\_\_\_ 3. \_\_\_\_\_

**Do you have a specific place in mind you'd like to work?** \_\_\_\_\_

**Semester preference for Co-op (this is no guarantee):** Semester 1  Semester 2  Surprise me

**Why are you interested in taking Co-op?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Three words that describe you best:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**What kinds of school activities have you been involved in (clubs, teams, other)? List grades.**

\_\_\_\_\_



**What kind of volunteer or work experience have you had? List dates.**

\_\_\_\_\_

**What computer programs are you good at? (Word, Excel,...)**

\_\_\_\_\_

**List any special qualifications you have (First Aid,...):** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian's Name: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Parent/Guardian cell phone #: \_\_\_\_\_

Doctor's Name and Phone #: \_\_\_\_\_

**Medical Concerns:** \_\_\_\_\_

**What access to transportation do you have?**  Public transit  I have a driver's licence  
 I have access to a car

**Provide the names of 2 teachers at Stephen Lewis S. S. who could give you a positive reference:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please Note:**

- Each co-op student is responsible for all costs associated with his/her placement including transportation to and from the workplace, and/or special equipment required for safety purposes.
- There will be a Co-op fee of approximately \$40 per student to cover first aid training and special guest speakers.

**PARENT'S/GUARDIANS SHOULD BE AWARE THAT EACH STUDENT:**

- Will be interviewed by the Co-op Teacher and the Placement Supervisor.
- Must attend both the in-school classes and co-op placement as scheduled.
- Must report any absences to both the teacher and the training supervisor.
- Is encouraged by the Peel District School Board to use public transportation to and from the placement.
- Using personal/family vehicles for transportation: the student must have the appropriate classification of driver's license and car insurance. The primary insurer is the owner's insurance and the insurer of the vehicle must respond to any insurance claim.
- Is covered, while at the Co-op placement, under the workplace Safety and Insurance Board by the Ministry of Education or the Co-op employer's WSIB program.
- Should be covered by the Ontario Health plan through Family Coverage.
- Must disclose any **personal or medical information** which may affect the workplace experience.

**I am aware that the information contained in this application will be used for the purpose consistent with the Education Act:**

<b>Student's signature:</b>	<b>Date :</b>
<b>Parent/Guardian's signature:</b>	<b>Date:</b>
<b>Co-op Teacher's signature:</b>	<b>Date:</b>



**Completed Application Received:** \_\_\_\_\_