

### WOODROFFE HIGH SCHOOL CO-OP APPLICATION FORM

STUDENT NAME: \_\_\_\_\_ GRADE : \_\_\_\_\_ HOMEFORM: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ HOMEFORM TEACHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

FATHER / GUARDIAN: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOTHER / GUARDIAN: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

TYPE OF CO-OP PLACEMENT DESIRED AND RELATED IN-SCHOOL COURSE (SUBJECT LINK)

	PLACEMENT	IN-SCHOOL LINK
EG.	VETERINARY ASSISTANT	SBI 3U – BIOLOGY
1.	_____	_____
2.	_____	_____

If you know the name of any company or person who might provide a placement for you please list pertinent information below.

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WORK EXPERIENCE: (PLEASE BEGIN WITH MOST RECENT)

DATES	EMPLOYER	SUPERVISOR	TELEPHONE

REFERENCES:

EMPLOYER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

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

List any personal skills or characteristics you have to offer an employer (include computer hardware and software knowledge):

---

---

---

Do you currently have a part time job?                      Yes                      No

Will you be participating in any extra-curricular activities during the semester you want to take Co-op?

Yes                      No                      If yes, please specify

---

---

How do you usually travel to and from school?                      Car                      Bus

How will you get to your Co-op placement?                      Car                      Bus

Do you have any health or medical conditions that should be known?                      Yes                      No  
If yes please specify

---

---

What are your post secondary education and / or work plans?

---

---

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**PARENT / GUARDIAN'S SIGNATURE:** \_\_\_\_\_

LIST THE CODES FOR THE COURSES YOU HAVE TAKEN THIS SCHOOL YEAR

SEMESTER 1: \_\_\_\_\_

SEMESTER 2: \_\_\_\_\_

LIST THE CODES FOR THE COURSES YOU HAVE SELECTED ON YOUR OPTION SHEET.

---

---

**PLEASE RETURN THIS APPLICATION TO MR. SHEPHARD IN THE CO-OP OFFICE**