



Explain your reasons for choosing Co-op/Experiential Learning and what you hope to learn.

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What is your education goal? Apprenticeship  University  College  Workplace

What is your long range career/occupation goal?

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### References

Name two teachers who will act as references for you.

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Parent/Guardian Approval

It is a requirement of Co-operative Education and some Experiential Learning programs that students complete this formal application and then take part in an in-school interview. Students will be notified as soon as possible after the interview as to whether or not they have been accepted into the program.

**Parents/Guardians & Students should be aware that each Experiential Learning or Co-op Education candidate:**

- Will also have an interview with the placement supervisor
- Is responsible for transportation
- Will be expected to adhere to placement health and safety regulations
- May require specific medical tests or vaccinations for some placements
- Must attend both the in-school classes and the co-op placement as scheduled to earn credit(s)
- Must report absences to both the Co-op teacher and the placement Supervisor
- Is expected to represent the school in a positive way that involves meeting all placement expectations
- Is covered by either The Workers' Safety and Insurance Act or Board of Education Insurance. Additional insurance coverage is available to all students at the beginning of each year.
- should not expect financial remuneration upon completion of the work placement agreement.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The information in this application will be used for purposes consistent with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.*