

**John McCrae Secondary School
Cooperative Education
Student Application Form**

Name: _____ **M/F:** _____

Address: _____

Postal Code: _____ **Telephone #:** _____

Email: _____ **Date of Birth:** _____

Identify a cooperative education placement that would interest you.

First Choice: _____

Second Choice: _____

What personal strengths, skills, talents or special training do you have that you could offer at a CO-OP placement?

List any extra-curricular activities you are involved in. Will extra-curricular activities or employment interfere with your commitment to CO-OP?

List places that you have been or are employed and explain your job.

Parents,

Cooperative Education will be a half day program where students earn their credits in a workplace situation instead of in the classroom. Do you consent to your son/daughter taking CO-OP? _____

Parent Signature: _____

Work Telephone: _____

Student Signature: _____