

Co-op Information Form 2018-19

Name: _____

Age in September 2018: _____

Age in February 2019: _____

Home phone number: _____

Cell number (student): _____

 Are you in the Specialist High Skills Major program? If yes, check: Construction

 Health & Wellness

List three job placements you would be interested in:

	Area of Interest (pets, children, elderly, cars, etc.)	Specific Place (if known)	Contact Name & # (if known)
1			
2			
3			

 How many days have you been absent this year? 0-5 5-10 10-15 15+

 Do you have transportation available? Yes No

 Do you have a car or will someone be able to drive you to your placement every day? Yes

 No

Why did you choose Co-op?

Please complete and return this form to the Co-op or Guidance office.