



Co-op Information Form 2018-19

Name: _____ Age in September 2018: _____
Age in February 2019: _____

Home phone number: _____ Cell # (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 by April 30th, 2018.