



# H. B. Beal Secondary School Cooperative Education Student Information

<b>Name:</b>	<b>Date:</b>
<b>Home Address:</b>	<b>Age:</b> <b>Birthdate:</b>
<b>Home Phone :</b>	<b>Will you be / were you 16 years of age or older as of September 1<sup>st</sup> the year you wish you take Cooperative Education?</b> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
<b>Cell Phone :</b>	
<b>Email :</b>	
<b>School Currently Attending:</b>	

**Prerequisite:**

Cooperative Education Placements are linked to a course or courses that you have already completed or will be taking concurrently. Check your timetable to ensure this.

**Related Course / Coop Subject Area Requested** (eg. Marketing, Plumbing, Phys. Ed)

**CHECK YOUR COURSE SUMMARY AND H. B. BEAL'S COURSE CALENDAR TO COMPLETE THIS SECTION**

**Course Name:** \_\_\_\_\_ **Course Code:** \_\_\_\_\_

**CHECK ONE**

**Related Course is Completed**  **Related Course will be taken Concurrently (at the same time)**

**Specialized Area (eg. Technology) if applicable:**

**Type of Placement Desired** (eg. Construction Company, Hair Salon, Fashion Retailer etc.)

**List three businesses you would like to do you coop placement at** (eg. Lorne Ave. Public School):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Career Plans:**

**What area(s) do you wish to pursue as a career?**

**Educational Goals** (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Ontario Secondary School Diploma (OSSD) | <input type="checkbox"/> Attend University        |
| <input type="checkbox"/> Attend Private School                   | <input type="checkbox"/> Attend Community College |

**THIS FORM MUST BE HANDED IN TO GUIDANCE THE FRIDAY PRIOR TO MARCH BREAK**

Your attendance this semester has been (circle one):

Above average  
(0 – 2 days absent)

Average  
(3 – 5 days absent)

Below average  
(more than 5 days absent)

What is a justifiable reason for missing a day?

How do you think your teachers would describe your character and work ethic?

Do you have a part-time job? If so, where do you work and what hours and days do you work?

What skills, talents, and interests do you possess that would assist you in the workplace?

Do you have any health concerns which will need to be considered for your coop placement?  
If so, please briefly describe how this will affect you in the workplace?

Given that transportation is NOT provided by the school, how do you plan on getting to your placement?

Will transportation to and from a proposed workplace influence YOUR choice for a location of a coop placement? If so, please explain.

Why do you want to take Cooperative Education?

Are / is your parent(s) / guardian(s) aware of the nature of this program: the commitment required, as well as the possible financial costs?

YES

NO

**Criminal Reference Checks and or Immunizations may be required at some placements. Also, some placements may require uniforms and/or personal protective equipment. Students and/or parents/guardians are responsible for any costs incurred obtaining these.**

*I understand that the completion of this application does not mean acceptance in the program. I hereby give my consent for any of the above information to be given to the employer if needed.*

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

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

Personal information on this form is collected under the authority of the Education Act R.S.O. 1980, C. 129 and amendments thereto, and the policies of the Board of Education. It will be used for education health and welfare purposes affecting the student. For further information about collection practices, contact the Principal.