



LCVI COOPERATIVE EDUCATION APPLICATION FORM

Date Received

Students **MUST** return the completed co-op application to the Student Services office.

BE SURE TO RECORD CO-OP ON YOUR OPTION SHEET.

Student's Last Name:	Student's First Name:
Student's Phone:	Age:
Current Grade:	Co-op Taken before: <input type="checkbox"/> Yes <input type="checkbox"/> No
Request for: <input type="checkbox"/> 2 Credit Co-op (half days for one semester) GWL 30D <input type="checkbox"/> 4 Credit Co-op (all day for one semester) GWL 30Q	<input type="checkbox"/> SHSM Pick One: <input type="checkbox"/> Health & Wellness <input type="checkbox"/> Construction <input type="checkbox"/> Transportation <input type="checkbox"/> Sport (Hockey focus) <input type="checkbox"/> Ontario Youth Apprenticeship Program (applied to the OYAP Accelerated program for Grade 12)

Co-operative Education allows students to earn credits based on classroom learning and work experience. Learning in the cooperative education program is associated with a school subject either to be taken concurrently with the co-op program or with a previously completed course.

For example:

- A student placed in an office setting will have business or computer course(s)
- A student placed with a carpenter will have a construction technology course(s)

Students will be **interviewed** by the co-op teachers in order to check if the student is suitable for the co-op program. If there are more students applying for a particular area of work than there are co-op placements available, competitive interviews will be held. Students who are selected for the co-op program must be reliable and responsible.



What type of co-op placement are you interested in?

First choice:	Second choice:
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Parental Consent: Please check off the following boxes

- My son/daughter may participate in an experiential learning opportunity within the community.
- I understand that a student is not paid money at the workplace; credits are earned towards their Ontario Secondary School Diploma (OSSD).
- I understand that travel between LCVI and the placement is the responsibility of the student.
- I understand that some workplaces may require specific medical tests or screening before the beginning of the placement
- I understand that a student must adhere to the workplace’s health and safety regulations.
- I understand that completion of this application does not ensure a Co-op placement; students will go through an interview process.
- I understand that Co-op work placements must be “tied to” a related in-school course taken previously or concurrently with the Co-op Education program.
- I understand that a student must complete 110 hours per co-op credit and as such must attend placement every day.

	Parent/Guardian Name (Please print)	
Signature of Student		
	Parent/Guardian Signature	Date

Obtain 2 References: (Teacher and/or Employer)

References: Please write a few comments on the student’s work ethic, record of attendance and punctuality, maturity and willingness to learn.

Name of Reference 1:	Name of Reference 2:
Comments:	Comments:
Signature of Reference 1:	Signature of Reference 2:

LCVI is always looking for new workplace locations. If you are aware of a business interested in having a co-op student, please provide this information and a co-op teacher will contact them.

Name of Business	Contact Person
Address	
Telephone	Email Address