



## LCVI COOPERATIVE EDUCATION APPLICATION FORM

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

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

<b>Student's Last Name:</b>	<b>Student's First Name:</b>
<b>Student's Phone:</b>	<b>Age:</b>
<b>Current Grade:</b>	<b>Co-op Taken before:</b> Yes      No
<b>Request for:</b>  2 Credit Co-op (half days for one semester) GWL 30D / GLN40D  4 Credit Co-op (all day for one semester) GWL 30Q / GLN40Q	<b>SHSM Pick One:</b> Health & Wellness      Construction Transportation  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?**

<b>First choice:</b>	<b>Second choice:</b>
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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.

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

## 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.

<b>Name of Reference 1:</b>	<b>Name of Reference 2:</b>
<b>Comments:</b>	<b>Comments:</b>
<b>Signature of Reference 1:</b>	<b>Signature of Reference 2:</b>

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.

<b>Name of Business</b>	<b>Contact Person</b>
<b>Address</b>	
<b>Telephone</b>	<b>Email Address</b>

