PORT COLBORNE HIGH SCHOOL CO-OPERATIVE EDUCATION APPLICATION FORM

Name:		Birth Date: (month/day/year)			
	*Post Sed	condary Destir		(month/day/year)	
Workplace after High School		_	College	University	
Placement Request :	1.				
•					
Students must get two teachers must support successfully meeting the whose subject are/is re	signatures rt you takir he requireme	from teachers ng co-op and ents of the pro	who have feel that g	taught them. These you are capable of	
Teacher	Course	Mark %	Tead	cher Signature	
How was your attendance	e last semeste	er? excellent	good	fair poor	
Were you late for classes	last semeste	r? never	rarely free	quently too often	
How do you plan on getti V	ng to your pla Valk Driv		Other		
Do you have a job right n	ow?	Where?			
Home Telephone #		Cel	l #		
Email:		Home A	Home Address		

THIS APPLICATION MUST BE SUBMITTED TO MS. THERIAN IN THE LIBRARY BY JUNE 22nd IF YOU WISH TO TAKE CO-OP NEXT YEAR PLACEMENTS ARE 1st come 1st SERVE