

## SUMMER CO-OP APPLICATION

SHSM Co-op

Skilled Trade Co-op

Traditional Co-op

Student Name	
School	
Current Grade	
Date of Birth	
Age	
Address	
Home Phone	
Cell Phone	
Email Address	

Are you in a SHSM program?  Yes  No

Which SHSM program? \_\_\_\_\_

Do you have an IEP?  Yes  No

Do you have previous Co-op experience?  Yes  No

### **PLACEMENT INFORMATION:**

Type of Co-op Placement you are interested in (e.g. healthcare; construction; business; cooking; transportation; computers; arts; manufacturing; fitness; etc.)

\_\_\_\_\_

Related Course Code (e.g. Healthcare: linked to SBI 3C - Biology) \_\_\_\_\_

**\*\*You must have completed your related course before your placement begins in July\*\***

List some places where you would like to do your Co-op placement.

\_\_\_\_\_

If possible, please provide the contact name and phone number of a company or person who would be willing to provide you with a Co-op placement.

\_\_\_\_\_

Write a short paragraph explaining why you would like to take Summer Co-op. Describe what you hope to learn by doing the specific type of Co-op you are interested in.

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**FOR PARENTS/GUARDIANS:**

I am aware my son/daughter has applied for Summer Co-op. I understand there may be risks involved. I understand that it is his/her responsibility to arrange transportation to and from the placement.

I am aware that some placements may require proof of vaccinations or TB tests (e.g. hospitals; laboratories; dental offices; day cares; nursing homes; etc.). Some placements may also require a criminal background check.

I am aware that the information on this form may be shared with the employer.

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

**FOR STUDENTS:**

I will ask **two teachers** to complete the attached reference forms. If possible, one of the reference forms will be completed by a teacher who taught me my related course. I will attach the two completed teacher reference forms to this application.

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

*Once you have submitted your completed application and two teacher references you will be contacted by your summer school Co-op teacher inviting you to meet for an interview. Failure to submit required documents by **FRIDAY, MARCH 13, 2020** may result in the student being deferred to the Summer Co-op wait list.*

## LDCSB Summer Co-op Teacher Reference

To: \_\_\_\_\_ Re: Student: \_\_\_\_\_  
(Teacher’s name) (Student’s name)

The above student has applied for the Summer Co-op Program. Your comments will assist in the appropriate placement selection for the applicant.

Please return this form to the **student directly**. Applications are due ***FRIDAY, MARCH 13, 2020.***

**Rate the student based on the following criteria by placing a checkmark in the appropriate column.**

Criteria	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Attends class regularly					
Is punctual					
Adheres to the uniform policy					
Completes all work on time					
Is reliable					
Works well with others					
Is enthusiastic about learning					
Takes initiative					
Demonstrates a positive attitude towards peers and staff					
Would be a good LDCSB ambassador in the community					

Why do you recommend this student for Summer Co-op?

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Describe any concerns you have about this student taking Summer Co-op.

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\_\_\_\_\_  
Teacher Signature Date

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(Teacher's name) (Student's name)

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Takes initiative					
Demonstrates a positive attitude towards peers and staff					
Would be a good LDCSB ambassador in the community					

Why do you recommend this student for Summer Co-op?

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Describe any concerns you have about this student taking Summer Co-op.

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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date