

Grand Erie District School Board Cooperative Education/OYAP Application Form

**PLEASE PRINT**

Name: \_\_\_\_\_ S.I.N. # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: (YY/MM/DD) \_\_\_/\_\_\_/\_\_\_ Sex: M  F

Parent(s)/Guardian(s): \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Have you taken Cooperative Education before? Yes  No

If yes, state your job title: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

List two (2) career choices you wish to explore:

1. \_\_\_\_\_ 2. \_\_\_\_\_ Unsure

Are you interested in enrolling in the **summer cooperative** education program? Yes  No

Do you have CPR Training? Yes  No

Do you have a driver's license? Yes  No  Do you have your own transportation? Yes  No

Write a short paragraph stating **why** you want to take cooperative education and/or OYAP and **what** you hope to learn from your experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE INFORMATION:** List classes you are taking for this school year

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

Course: \_\_\_\_\_ Teacher: \_\_\_\_\_

**WORK EXPERIENCE INFORMATION:** List previous work experience:

**Dates:**

**Company:**

**Type of Work:**

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**EXTRA-CURRICULAR/VOLUNTEER ACTIVITIES:**

List any extra-curricular activities or outside organizations you are or have been involved with:

**Dates:**

**Organization:**

**Type of Involvement:**

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**References:** List two teacher references: \_\_\_\_\_

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I have read and understand the attached application form information. I am in agreement with the application form data and authorize the release of information verbally about my child to prospective employers. Yes  No  Date: \_\_\_\_\_

Applicant (Student): \_\_\_\_\_  
Please Print Name Signature

Parent/Guardian: \_\_\_\_\_  
Please Print Name Signature

**Office Use Only:**

OYAP Candidate? Yes  No  If yes, identify apprenticeship occupation: \_\_\_\_\_

Combined Program Candidate? Yes  No

References: Not Suitable  Good Candidate  Excellent Candidate

Interview: Not Suitable  Good Candidate  Excellent Candidate

Transportation? Yes No Other: (Health Concerns, IEP) \_\_\_\_\_

