



CHECK PROGRAM INFORMATION	
REGISTRATION A.M. COOP P.M. COOP	
Personal Data	
Student Name:	
Address:	Postal Code:
CITY:	S.I.N.:
Номе Phone No.: ()	(WSIB Requirement)
Cell Phone No.: ()	
Parent/Guardian Contact:	
TIMETABLE	
Per.1: Per. 2: Per.3: Per.	4: Per. 5:
Area of Coop Placement	
Career Path: University 🚺 College 🔲 Work	Place Apprenticeship
Career Goal:	
PLACEMENT PREFERENCE (EG. FOOD SERVICES, POLICE FO	UNDATIONS OR NAME OF BUSINESS)
1 ST CHOICE	2 ND CHOICE
Place of Interest	
Name:	PHONE NO.:
Address:	Сіту:
CONTACT:	
DO YOU HAVE ACCESS TO DAILY TRANSPORTATION?	Yes No
<u>COMMENTS</u>	
SUCCESS IN COOP IS BASED ON ATTENDANCE, ATTI	tude, and Achievement