

ALL NON-HWDSB Students are required to complete the Attestation form and provide proof of eligibility at time of registration and must register in person at CCE Red Hill Learning Centre – call in advance for an appointment – 905-561-2190

### STUDENT INFORMATION

Legal Last Name:		Legal First Name:		Middle Name	D.O.B. MM/DD/YYYY	Age
Male <input type="checkbox"/>	Telephone (Home)		Student Number (ESIS or PowerSchool)		Enrollment Start Date	
Female <input type="checkbox"/>	Residence Status		Country of Citizenship		Country of Birth	Date of Entry to Canada (YYYY/MM)
Province of Birth		Ontario Entry Date (MM/DD/YYYY)		First Language Spoken		Language at Home
Street Address			Apt #	City/Town		Postal Code
OEN #:						
email address <i>(HWDSB students must use HWDSB account)</i>				Active Directory Account – User ID <b>(Mandatory)</b>		
School			Related Course Code		Credits Earned	
I am an OYAP apprentice in:				I am a Specialist High Skills Major in:		

### EMERGENCY CONTACT

Last Name		First Name		Relationship
Home Phone		Cell Phone		Medical Conditions Epi Pen <input type="checkbox"/> Life Threatening <input type="checkbox"/>

### ADDITIONAL INFORMATION

1. Have you taken Cooperative Education in the past?  No  Yes  
If yes, where did you do your placement?

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2. Do you have a:  
 Bus Pass  Driver's License  Daily Use of a Car

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3. Do you have any medical condition(s) that could affect your placement?  No  Yes  
If yes, explain:

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4. Do you have any experience related to your desired summer co-op placement?  No  Yes  
If yes, explain:

**I NEED a placement:**One Credit Two Credit SHSM **COMPLETE "PLACEMENT REQUEST FORM"****I HAVE a placement:**One Credit Two Credit SHSM **My summer placement has already been confirmed or is in the process of being confirmed:**Continuing Co-op from Spring term Confirmed placement with employer Other **If your placement has been secured or if an employer has already been contacted, please provide details:**

Company Name:

Contact Name:

Company Address:

Telephone Number:

Contact Email Address:

Job Description:

Average hours per week:

**PLEASE ATTACH THE FOLLOWING DOCUMENTS** Resume Transcript Teacher Reference Parental Consent (if under 18)I am aware the completion of a 20 hour online pre-placement course, before June 12, is required for Co-op 

Signature of Parent/Guardian:

Date:

Signature of Student (if over 18):

Date:

**FOR CCE OFFICE USE ONLY**

Date of Processing: \_\_\_\_\_

Processed in PS by: \_\_\_\_\_