

Experiential Learning Application

The following information is collected under the legal authority of the Education Act, R.S.O. 1980, and the Cooperative Education and Other Forms of Experiential Learning, 2000. This information may be accessed by teachers, principals and appropriate support staff to ensure that the student's background and goals are appropriate to the Experiential Learning program chosen. This form will be retained in the student's file for a minimum of twelve months after completion of the course.

Which program are you applying for?

- Cooperative Education (Co-op) Ontario Youth Apprenticeship Program (OYAP)
 School-Work Co-op SHSM Co-op; Sector: _____
 Co-op & Dual Credit combination

PERSONAL INFORMATION *(Please print neatly)*

Last Name: _____ Given Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone Number: _____

Date of Birth: _____ Grade: _____ Age: _____

Do you have a Social Insurance Number: Yes No

FUTURE GOALS

	Apprenticeship	College	University	Work
State Career Interest				

PLACEMENT

What type of placement do you prefer? (final placement location will depend upon availability)

1st choice _____ 2nd choice _____

List any previous courses/experiences/skills/extra-curricular related to your placement selection.

Extracurricular Activities: _____

Do you have a contact for this type of placement? Yes No

Organization/Company: _____

Contact Person: _____ Telephone: _____

Are you currently employed? Yes No If Yes, How Long? _____

Name of Employer: _____ Hours per week: _____

Are you interested in a dual credit opportunity with St. Clair College? Yes No

If Yes, what course? _____

REFERENCES: List two teachers who will act as references for you.

If accepted into the program, transportation to and from the placement is the student's responsibility. What will be your means of transportation? _____

I understand that my son/daughter is responsible for his/her own transportation to and from the placement and that all students are encouraged to obtain Student Accident Insurance Coverage. I understand that completion of this application does not mean acceptance into the Experiential Learning Program, and that this application will be used to determine the most suitable candidates. It is also understood that the school has the determination on placement and that these placements are for credit gain and are not paid jobs.

INFORMATION DISCLOSURE:

I hereby grant permission for the Experiential Learning teacher to release the student's progress evaluations (report card) to ensure a successful Experiential Learning placement experience.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Note: Students with a positive **attendance** and **punctuality** record and who have demonstrated consistent **work efforts** will be given priority for acceptance.

OFFICE USE ONLY (Completed by Co-op Teacher)

Date of Interview: _____

Total Credits: _____ Absences: _____ Lates: _____

Expected Graduation Date: _____ IEP: Yes No

Marks: _____

Placement Interests / Experiences: _____

Why should you be selected? _____

Where do you see yourself in 10 years? _____

Medical considerations? _____

Accepted: Yes No Conditional (Form given)

Related Course Code(s): _____

Co-op Code(s): _____

Dropped Courses: _____

Co-op Teacher: _____

Other Comments: _____

Follow-up Req'd: _____

Semester 1	<input type="checkbox"/>
Semester 2	<input type="checkbox"/>
AM	<input type="checkbox"/>
PM	<input type="checkbox"/>
Full Day	<input type="checkbox"/>