

COOPERATIVE EDUCATION INFORMATION SHEET

Please Print Clearly

Personal Information

Student Name:	Home Phone Number:
Health Card Number:	Social Insurance Number:
Emergency Contact Name and Phone Number:	Relationship to Contact:
Course Code:	Co-op Teacher Monitor:

Placement Information

Placement Name:	Placement Monitor/Co-op Employer:	
Address:		
Phone Number:	Fax Number:	E-mail Address:

Timetable

	Subject & Course Code	Teacher	Room No.
Period 1			
Period 2			
Period 3			
Period 4			
Period 5			

(FOR STUDENT FILE)
**Submit to Co-op Teacher upon Completion of this form*