

YORK CATHOLIC DISTRICT SCHOOL BOARD

COOPERATIVE EDUCATION ONTARIO YOUTH APPRENTICESHIP PROGRAM and FOCUS PROGRAM APPLICATION

STUDENT INFORMATION (Please print)	
Name:	
Address:	
City:	Postal Code:
Phone Numbers: (home)	(cell)
	Age:
year/month/o Social Insurance Number:	day
Home Room: (room number)	(teacher)
Emergency Contact: Name (parent/gua	nrdian)
Phone:	
Medical Concerns (which could affect choice of placement):	
TYPE OF PLACEMENT REQUESTED	
1 st Choice:	
2 nd Choice:	
3 rd Choice:	
Preference: Semester 1 OR S	
Coop Program Requested:	2 credit 3 credit
] 4 credit
	OYAP Program Trade:
	Focus Program Name:
TEACHER REFERENCES	
(Printed name)	(Signature)
1	
2	