

Student Application Form

Program Applied For: please check ✓ program of choice

Manufacturing

- Huron Heights Secondary School** - (holding codes SCE3X5, SCE4X5) *Phone # 905-895-2384*

Construction

- Richmond Green Secondary School** (holding codes SCE3X1, SCE4X1) *Phone # 905-780-7858*
- Markham District High School** (holding codes SCE3X2, SCE4X2) *Phone # 905-294-1886*

Health and Wellness

- Sutton District High School** (holding codes SCE3X4, SCE4X4) *Phone # 905-722-3281*

Transportation

- Alexander Mackenzie High School** (holding codes SCE3X6, SCE4X6) *Phone # 905-884-0554*
- Sutton District High School** (holding codes SCE3X3, SCE4X3) *Phone # 905-722-3281*
- Thornlea Secondary School** (holding codes SCE3X7, SCE4X7) *Phone # 905-889-9696*

Student's Name	Student ID #		Date of Birth (MM/DD/YY)
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address	Postal Code		Home Phone
Home School	Home School Address		Home School Phone
Home School Principal	Home School Vice-Principal		Home School Guidance Counsellor

OFFICE USE ONLY

<input type="checkbox"/> Candidate Vetting Form	<input type="checkbox"/> WSIB Treatment Memorandum (2 copies)
<input type="checkbox"/> I.E.P. (if applicable)	<input type="checkbox"/> Statement of Understanding
<input type="checkbox"/> Attendance Profile	<input type="checkbox"/> Application for Student Transfer from One York Region School to Another
<input type="checkbox"/> Credit Counselling Summary	<input type="checkbox"/> Resume
<input type="checkbox"/> Teacher Reference	<input type="checkbox"/> Cover Letter
<input type="checkbox"/> Access to Transportation Form	<input type="checkbox"/> Interview Completed
<input type="checkbox"/> Accepted / Declined	<input type="checkbox"/> Notification to Student

EMERGENCY INFORMATION (Please print)							
CONTACTS		HOME PHONE	BUSINESS PHONE	CELL PHONE			
Mother's Name							
Father's Name							
Guardian's Name							
Doctor's Name		Doctor's Phone					
Emergency Contact (& relation)		Emergency Phone					
Medical Concerns							
PLEASE CHECK THE APPROPRIATE RESPONSE							
Do you have:	Job Shadowing Experience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	Work Experience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	Co-op Experience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	First Aid Qualifications?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	Computer Skills? Please list software/hardware expertise:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	A valid Driver's Licence?	<input type="checkbox"/>	G1	<input type="checkbox"/>	G2	<input type="checkbox"/>	G
	The use of a car?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you speak any other language(s)? Please specify:							
EMPLOYMENT, VOLUNTEER WORK, AND/OR RELATED EXPERIENCE							
Name of Company	Type of Work Performed		Dates (incl. Year: from - to)				
Please list any after school responsibilities you have (i.e. babysitting, part-time job, sports, extra-curricular activities, etc.)							

Describe any skills, achievements, or interests that you have related to this program.

What post-secondary destination are you currently considering?

- Apprenticeship in the skilled trades
- Work
- College
- University

What are the educational goals you have identified for yourself?

Write a paragraph describing why you want to take part in the Exploring Opportunities Program and what you hope to learn from it?

REFERENCES		
State the names of three teachers and/or employers who will act as a reference for you (your contact with them should be recent)		
1.		
2.		
3.		
INSURANCE COVERAGE		
<p>Workplace Safety and Insurance Act, 1997 Most students are covered under the Workplace Safety and Insurance Act.</p> <p>Board Insurance Students and work placements are insured against a lawsuit arising out of the negligence of the student while performing the duties within the work experience placement. The Board does not cover personal injuries to students.</p> <p>Student Accident Insurance All students are encouraged to obtain Student Accident Insurance</p>		
MUNICIPAL FREEDOM OF INFORMATION (FOIPOP)		
Pursuant to subsection 29 (2) of The Municipal Freedom of Information and Protection of Privacy Act, and under the authority of the Education Act, the personal information obtained for the purposes of Cooperative Education, Apprenticeship, and School-Work Programs will be used for the on-going administration of appropriate placements. If you have any questions about the information collected, please contact the Community Based Education Office at 416-969-8131 or 905-727-3141.		
APPROVAL CRITERIA		
<p>Under the following conditions, I hereby agree to the participation of the above-named student in the <i>Exploring Opportunities Program</i> of the York Region District School Board:</p> <ul style="list-style-type: none"> ✓ student successfully completes all the requirements of the application process; ✓ student signs and demonstrates an understanding of the <i>Exploring Opportunities Program</i> Student Handbook and Statement of Understanding; and ✓ student demonstrates an understanding of the pre-placement expectations prior to any experiential learning. 		
Student's Signature	Parent/Guardian's Signature	Teacher's Signature
Date: Month/Day/Year	Date: Month/Day/Year	Date: Month/Day/Year