BCI CO-OP - STUDENT INFORMATION SHEET

PERSONAL INFORMATION (print neatly)...

Student Name:	Home Number:
	Cell Number:
	Email:
Age:	Insurance Coverage:
	Student Accident Insurance?
	Private Insurance?
Emergency Contact:	Your relationship to contact (ex. Mom, Dad):
Name:	
Phone Number:	
Co-op Course Code:	Allergies or Medical Conditions?

PLACEMENT INFORMATION...

Placement/Business Name:	Supervisor's Name:
Employer Address:	Your Usual Hours at your Placement: (ex. noon to 3:30 pm)
Employer Work Number/Cell Number: (W): (C):	Employer E-mail Address:

MY TIMETABLE...

	Subject & Course Code	Teacher	Room Number
Period A			
Period B			
LUNCH			
Period C			
Period D			

Submit to your Co-op Teacher upon you've learned your detailed Placement Information