

BCI CO-OPERATIVE EDUCATION STUDENT INFORMATION SHEET

PERSONAL INFORMATION (print neatly)...

Student Name:	Home Number: Cell Number: School Email:
Age / Birth Date:	Insurance Coverage (check if one applies): <input type="checkbox"/> Student Accident Insurance? <input type="checkbox"/> Private Insurance?
Emergency Contact: Name: _____ Phone Number: _____	Your relationship to Emergency Contact (ex. Mom, Dad, Grandparent, etc.):
Co-op Course Code:	Allergies or Medical Conditions?

PLACEMENT INFORMATION...

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

MY TIMETABLE...

	Subject & Course Code	Teacher	Room Number
Period A			
Period B			
LUNCH			
Period C	Co-op	Mr. Kemperman	1109 / library
Period D	Co-op	Mr. Kemperman	1109 / library

* Gather this info and submit to your teacher before the first day of your Co-op Job Placement *

