

PEL SUMMER INTERNSHIP CO-OP APPLICATION

Student Name	
School	
Current Grade	
Date of Birth	
Age	
Address	
Home Phone	
Cell Phone	
Email Address	

Do you have an IEP? Yes No

PLACEMENT INFORMATION:

Type of PEL Summer Internship Co-op placement you are interested in (e.g. specific type of research)

Related Course Code (e.g. SBI 3U - Biology) _____

Where do you hope to do your PEL Summer Internship Co-op placement?

If possible, please provide the contact name, email address and phone number of your Co-op Supervisor.

Write a short paragraph explaining why you would like to participate in the PEL Summer Internship Co-op Program. Describe what you hope to learn from your specific placement.

FOR PARENTS/GUARDIANS:

I am aware my son/daughter has applied for the PEL Summer Internship Co-op Program. I understand there may be risks involved. I understand that it is his/her responsibility to arrange transportation to and from the placement.

I am aware that some placements may require proof of vaccinations or TB tests (e.g. hospitals; laboratories; etc.). Some placements may also require a criminal background check.

I am aware that the information on this form may be shared with the employer.

Signature of Parent/Guardian: _____ Date: _____

FOR STUDENTS:

I will obtain a copy of my status sheet (outlining all of the courses I have taken and am currently taking) from my guidance counselor and attach it to this application.

Signature of Student: _____ Date: _____

*****All required documents must be submitted by FRIDAY, MARCH 29, 2019.***