

STUDENT INFORMATION

Student Name		Student Phone Number	
School		Grade	
Parent Name		Parent Phone Number	
Address	Town	Province	Postal Code

OFF CAMPUS EDUCATION PROGRAM

Please indicate three work site choices that you would prefer:

1. _____

2. _____

3. _____

Do you have a specific employer/worksite in mind? Yes No

If yes, where? _____

If accepted into the program, what method of transportation will you use to get to your place of employment?

Car Public Transportation Other _____

EMPLOYMENT RECORD

Employer	Type of Work	From	To
<i>e.g. Hired Me, Inc.</i>	<i>e.g. Shop Clean Up</i>	<i>e.g. Nov 2017</i>	<i>e.g. September 2017</i>

Do you presently have a part time job? Yes No

If yes, are you willing to rearrange part-time job hours to accommodate off campus education commitments? Yes No

RELEVANT COURSES

Please list any courses you have taken that may be relevant to your work site choice.

EXTRACURRICULAR ACTIVITIES/VOLUNTEER WORK

Organization	Type of Involvement	From	To
<i>e.g. Volunteers Ltd.</i>	<i>e.g. Reading Mentor</i>	<i>e.g. September 2017</i>	<i>e.g. December 2017</i>

Please list special skills, courses, certificates, hobbies, interests, etc.

FUTURE PLANS

Please indicate your current plan for after senior high school.

Work University Community College Apprenticeship Other _____

Please describe your long range career plans.

RATIONALE

Briefly explain why you are interested in the off campus education program.

DECLARATION

This form is submitted with the purpose and intent of the student participating in off campus education op.

Student Signature

Date

Parent/Guardian Signature

School Off Campus Teacher Signature

