

REALS

Student Application Form

Coop Specialist High Skills Major Other

Student Name: _____

Address: _____

Postal Code: _____ E-mail: _____

Home Phone: _____ Other: _____

Home School: _____

School Board (check one) UCDSB CDSBEO Grade: _____ Age: _____
 OCDSB OCCDSB

REALS EDUCATION SESSION SELECTION

(please number in order of preference with 1 being the highest)

_____ Dairy Herdsperson	_____ Oil and Gas Technician
_____ Equine Management	_____ Agriculture & Crop Sciences
_____ Farm/Heavy Equipment Mechanic	_____ Welding & Fabrication

(If applicant is under the age of 18, a parent or legal guardian must sign below to indicate consent in applying for and possible participation in this program)

Parent or Guardian Name: _____ Tel: _____

Signature _____ Date _____

Cooperative Education Contact: _____ Tel: _____

Guidance Contact: _____ Tel: _____

Please fax the completed application form to your School Board representative listed below



UCDSB
Joanne Gudmundsson
(613) 342-6493



CDSBEO
Dan Lortie
(613) 932-2887



OCDSB
Sandra Walton
(613) 596-8211 x 8590



OCCDSB
Michael Scott
(613) 224-4455 x 2235