



SINCLAIR SECONDARY SCHOOL APPLICATION
ENVIRONMENT 4 LIFE –SPECIAL HIGH SKILLS MAJOR

Preference for your Cooperative Education Experience:

Semester One: Semester Two: AM: PM: Summer School: Defer To Grade 12:

What was your grade nine average? _____

What was your average for your last completed semester? _____

List any Physical Education courses that you have taken, as well as your final mark and your teacher.

Course: _____ Final Mark: _____ Teacher: _____

Course: _____ Final Mark: _____ Teacher: _____

Course: _____ Final Mark: _____ Teacher: _____

Number of days absent last semester: _____

Number of days late last semester: _____

Please provide any information about your health that you should tell the placement supervisor (co-op) for your personal health & safety:

Please provide the names of two teachers who would act as a reference for you. Your contact with them should include classes during this school year. Remember to ask their permission to be used as a reference. One teacher must be subject related. (A Physical Education teacher)

Subject Related Teacher Name (Print)

Subject Related Teacher Name (Signature)

Teacher Name (Print)

Teacher Name (Signature)

Discuss your involvement in the extra-curricular program at your school:

Discuss your involvement in the community: (consider sports, music, theater, clubs, organizations)



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Acceptable ENVIRONMENT SHSM Courses

SHSM Major Subjects (group 1)		Math (Group 2)	English (Group 3)
Grade 11	Grade 12	Grade 11	Grade 11
CGD3M	BAT4M1	MBF3C1	ENG3C1
PAD3OD	BBB4M1	MCF3M1	ENG3E1
	BOH4M1	MCR3U1	ENG3U1
BAF3M1	BTX4C1	MEL3E1	
BTA3O1	CGU4M1/4C1/4U1		Grade 12
CGF3M1	CGW4U1 / 4C		ENG4C1
CGG3O1	CLN4U1 / 4C		ENG4E1
CHW3M1	CPW4U1		ENG4U1
CLU3M1	HFA4U1/4C1/4M1		OLC4O1
GPP3O1	HSB4U1/4M1		
HLS3O1	HZT4U1		
HRT3M1	IDC4O1/4U1		
IDC3O1	NDW4M1		
NDA3M1	PAD4O1		
PAD3O1	PAF4O1		
PAF3O3 / 3O4	PAL4O1		
PAL3O1	PLF4C1/4M1		
PPL3O3 / 3O4	PPL4O1		
PPZ3O1 / 3C1	PSE4U1 / psk4u1		
SBI3C1 / 3U1	SBI4U1		
SCH3U1	SCH4U1/ 4C1		
SPH3U1	SES4U1		
SVN3M1 / 3E1	SNC4M1/4E1		
TCJ3C1	SPH4U1/4C1		
TDA3M1 or TDJ3M1	TCJ 4C1		
TGJ3M1	TDA 4M1 / TDJ 4M1		
TTJ3C1	TFJ 4C1		
	TTJ4C1		
	TGJ4M1		

Your Grade 11 and Grade 12 Plan:

SHSM Major Subjects (Group 1) (You must select 4 courses from group 1 and atleast 1 must be grade 12 and you <u>MUST select CGD3M1 & PAD3OD</u>)	Grade 11	Grade 12
	CGD3M1	
	PAD3OD	
Math (Group 2) (minimum 1 grade 11)		
English (Group 3) (minimum 1 grade 11 & 1 grade 12 course)		
Co-op – 2 credits **(may also be taken in summer of grade 10 or 11 – using link GLC2O9)		



Specialist High Skills Major Letter of Agreement Sinclair Secondary School

This letter indicates that _____, a student at Sinclair Secondary School is enrolled in the Specialist High Skills Major sector:

Completion of the five necessary elements of this program listed below will result in the granting of a special designation on the graduation diploma, indicating that the Specialist High Skills Major has been completed.

Requirements

- 1. Completion of all required courses in the Specialist High Skills Major Timetable (attached) including 2 cooperation education credits.**
- 2. Completion of related work experience.**
- 3. Completion of the mandatory components of the Ontario Skills Passport.**
- 4. Participation in “reach ahead” activities involving an employer, university apprenticeship training or college.**
- 5. Completion of the required industry recognized certifications for the Specialist High Skills Major (see attached).**

**Upon registration the student’s enrollment and status in the program will be maintained on the student’s Ontario Student Record.*

**Students may register in one SHSM program only.*

The signature below indicates agreement and consent to participate in this program.

(Student name)

(Parent/Guardian signature)

(SHSM Lead Teacher)

Principal

Date



**SINCLAIR SECONDARY SCHOOL
APPLICATION FOR COOPERATIVE EDUCATION PROGRAM**

Student Name:	Grade:	Homeroom:	Rec'd Date Stamp
Student Email:			
Date of Birth: MONTH DAY YEAR	Home #: ()	Cell #: ()	
Home Address:			
City/Town:		Postal Code:	
Will you have a minimum of sixteen credits completed by June of this school year? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Co-operative Education Options –Review the options below and choose one.

Option #1 – General Co-op:

2 Credit Co-op 4 Credit Co-op 4 Credit OYAP Co-op

Option #2 – Specialized High Skills Major Programs (SHSM) (Note: additional application required):

Business Health and Wellness Sport Environment

What is your destination after Secondary School?

•Apprenticeship in the skilled trades _____ •Work _____ •College _____ •University _____

Identify desired work experience or Co-op placement:

1st Choice _____ Alternate Choice _____

**** Make a note if you wish to do two different coop placements. (If so select CWE 209 Twice)**

References

Students must provide references from two teachers who have taught them in a subject related to the type of placement being applied for.

1) Teacher Name and Subject (Please Print)

2) Teacher Name and Subject (Please Print)

Teacher's Signature (See note below)

Teacher's Signature (See note below)

****Note to teachers: Your signature indicates your acknowledgement that the student has been: academically successful, conscientious, punctual and in regular attendance, and a suitable candidate for participation in the Co-op program. If you have concerns regarding this application please speak to a Co-op teacher prior to signing.**

Parent/Guardian Signature

Date: -----

Student Signature

Date: -----



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EMPLOYMENT INFORMATION

(To be completed by student)

WORK EXPERIENCE: Including Jobs or Volunteer:

Job Title	Length of Time Employed
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Provide the following information about yourself.

Favourite School Subjects	Personal Hobbies/Interests
_____	_____
_____	_____
_____	_____

Identify your three (3) best personal qualities (reasons why you should be part of co-op).

1. _____ 2. _____ 3. _____

POSSIBLE OBSTACLES TO CO-OP (Note: The method of transportation and transportation costs are the responsibility of the student)

What method(s) of transportation will you use to travel to Co-op? _____

Identify personal and school activities that might interfere with a possible placement?

PRE-EMPLOYMENT MARKS: (To be completed by Co-op Teacher)

Cover letter	/35	Resume	/35	Emailed on Time	/10	Total	/80
Interview Completed and Sheet Returned				/20			

Notes:
