

## STUDENT INFORMATION FORM

|                   |           |             |       |
|-------------------|-----------|-------------|-------|
| Name              |           | School      |       |
| Birthdate         |           | Age         | Grade |
| Mailing Address   | City/Town | Postal Code |       |
| Parents/Guardians |           | Phone (h)   | (w)   |
| Parents/Guardians |           | Phone (h)   | (w)   |

| EMERGENCY CONTACT INFORMATION |  |       |  |
|-------------------------------|--|-------|--|
| Name                          |  | Phone |  |
| Name                          |  | Phone |  |

| MISCELLANEOUS INFORMATION   |   |
|---|---|
| CWEX Class: 10 <input type="checkbox"/> 20 <input type="checkbox"/> A30 <input type="checkbox"/> B30 <input type="checkbox"/> | Distance Modules Required: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Valid Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/>  | Restrictions:   |
| List any health problems that could affect your placement?  |   |
| List commitments that may interfere with your placement?  |   |
| List your recent involvements / activities:   |   |
|   |   |
|   |   |

| EMPLOYMENT HISTORY (Start with most recent employer.) | PREVIOUS CWEX PLACEMENTS |
|---|--------------------------|
| 1.  | 1.                       |
| 2.  | 2.                       |
| 3.  | 3.                       |

| AVAILABILITY FOR WORK          |                                 |
|--------------------------------|---------------------------------|
| DATES: Start: _____ End: _____ | TIMES: Days: _____ Times: _____ |

| PREFERENCES FOR POSSIBLE WORK PLACEMENT (Placements involving family members will not be considered.) |          |              |       |
|---|----------|--------------|-------|
| Work Placement Preferences  | Location | Contact Name | Phone |
| 1.  |          |              |       |
| 2.  |          |              |       |
| 3.  |          |              |       |

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_