



# COBEQUID EDUCATIONAL CENTRE

34 Lorne Street, Truro, NS B2N 3K3  
Phone: 902-896-5700 Fax: 902-896-5707

D. SPARKS, PRINCIPAL  
C. BAILLIE, VICE-PRINCIPAL  
D. CAMERON, VICE-PRINCIPAL  
R. LUTZ, VICE-PRINCIPAL  
S. MACLEAN, VICE-PRINCIPAL

## CEC O2 Application

### Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

### Student Questions

You are required to complete this form to the best of your ability. Thank you!

1. Why are you interested in applying to the O2 program?

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2. Please place a check mark beside all responses that describe how you like to learn.

a.	Reading		d.	Memorizing	
b.	Listening		e.	Interactive (hands-on)	
c.	Practicing and performing		f.	Observing (watching)	

3. What hobbies, interests, and extracurricular activities are you involved in now or in the future?

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3. Can you describe a time when you showed you were responsible?

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5. What are your education goals?

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6. What are your career goals?

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7. Are you willing to make a commitment to the O2 Program? This means you will be expected to attend class, work hard, ask for help, and work well with others. This includes engaging in all components of the program such as academics, school trips, community and work placements, and other related activities.

Yes

No

Family/ Guardian Questions

You are required to complete this form to the best of your ability.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

1. What are your goals for your child?

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2. Why is this program important to you and your child?

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*Some community-based learning experiences may require proof of vaccination*

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

**Family/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_