



Chilliwack
School District

Work Experience Placement Request Form

DATE: _____ NAME: _____ STUDENT # _____

SCHOOL: _____ EMAIL: _____

ADDRESS: _____ POSTAL: _____

HOME PHONE: _____ CELL PHONE: _____

Please answer ALL of the following questions:

1. Are you registered in a WEX12 course? **YES** **NO**

If YES, who is your WEX12 Teacher? _____

2. What type of job would you like for your Work Experience placement? _____

3. Do you want to do your Work Experience with a specific employer? **YES** **NO**

BUSINESS NAME: _____ **CONTACT NAME:** _____

ADDRESS: _____ **PHONE:** _____

4. Please list any special skills, training or certificates (e.g. Food Safe, etc.)

5. Do you have transportation to and from a work site? **YES** **NO** (If YES, please specify)

6. What day(s) are best for you to attend a Work Experience placement? (Please circle ALL that apply)

Sun Mon Tues Wed Thurs Fri Day 1 Day 2

7. Do you want to do your Work Experience during the following times? (Please circle ALL that apply)

Spring Break Winter Break Semester Break Pro-D Days Other: _____

Student Signature: _____

****Please complete this form IN FULL.**

Incomplete forms will be returned to the student.**