



**CO-OPERATIVE EDUCATION CADET PROGRAM**  
**2017-2018 TRAINING YEAR**  
**GRADES 9-12**



Please Print Clearly

<b>A. Student Information</b>		<b>Ontario Resident</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Surname _____		First Name _____	
Address _____			
Civic # and Road _____		City and Province _____	Postal Code _____
Home Number _____		Alternate Number _____	
Date of Birth _____		<input type="checkbox"/> Male	Age _____
DD- MM- YYYY		<input type="checkbox"/> Female	Current Grade _____
Student Email _____		Parent Email _____	
<b>B. Co-Operative Linking Course</b>			
The related in-school curriculum course on which your co-op credit will be based. For cadet training year programming this related course must be one which you have successfully completed by the end of June. In most cases, the linking course will be CHV 20 (Civics). However, if a cadet is highly involved in sports, a music program, etc, this linking course can be adjusted.			
Course _____		Month/ Year Completed _____	
Is the student part of a SHSM <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which SHSM _____	
<b>C. Placement/ Training Location</b>			
<input type="checkbox"/> Sea	<input type="checkbox"/> Army	<input type="checkbox"/> Air	Corps/Sqn # _____
Corps/Sqn Location _____			
CO Contact _____		Trg O Contact _____	
<b>D. School Information</b>			
This opportunity is open to cadets from any School Board within Ontario from Grades 9 to 12			
School Name _____		School Board _____	
School Address _____			
Student OEN # _____		SIS # _____	Band # _____
<b>E. Parent Approval- If cadet is under 18 years of age</b>			
I approve my child participating in the Training Year Cadet Co-Op program and certify that the above information is correct			
Parent/ Guardian _____			
Surname _____		First Name _____	Date _____
Parent signature _____		Student signature _____	
<b>F. CO Approval</b>			
I certify that this cadet is a member of my unit and is in good standing and on track with level completion			
CO Name and Rank _____		Signature _____	

**INSURANCE**

The Ministry of Education provides insurance for all cooperative education students (whose work placement is not in a school) through the Ontario Workplace Safety Insurance Board. While on cadet activities, the appropriate cadet league also provides insurance coverage. Parents/guardians are encouraged to provide additional insurance for students.

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the personal information collected for the purposes of cooperative education programs is collected under the authority of the Education Act, and will be used for the ongoing administration of appropriate cooperative education work placements and programs.

**PUBLICATIONS, DISPLAYS, PHOTOGRAPHS, FILMS, VIDEOTAPES, STUDENTWORK, ACHIEVEMENTS, AWARDS, PARTICIPATION**

I  Permit  Do Not Permit

The Upper Canada District School Board and/or any of its schools to reproduce or display printed materials such as photographs, video images, articles or publications relating to or involving my child, including name, grade and school identification, which may be used in internal communications within the school and the Board or may be the subject of interest to local, regional or national media.

I  Permit  Do Not Permit

The Upper Canada District School Board and/or any of its schools to reproduce or display on the Internet, any images, articles or student work relating to or involving my child, including name, grade and school identification, which may be used in internal communications within the school and the Board be the subject of interest to local, regional or national media.

I understand that in authorizing the release of such information, I am releasing any claim to protection of personal privacy of my child which I am entitled to under the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

I understand my training records and other related information will be shared with the Upper Canada District School Board (UCDSB) for student evaluation purposes. I further understand the UCDSB will maintain confidentiality with these records at all times.

**Note:** A student enrolled in a cooperative education program cannot apply hours accumulated at his or her placement in addition to those required for credit to fulfill the community involvement expectation of the Ontario Curriculum.

The Co-operative Education Teacher will:

- monitor the student's activities and progress at the work placement on a regular basis by visits, phone calls, email and other appropriate forms of communication;
- assess and evaluate the student's progress in the program, and thereby determine his or her final grade.

**Additional Information (optional)**

**At your unit, do you participate in any additional activities besides weekly training:**

Check any that apply:

Music Training (Brass and Reed)	Debating
Music Training (Pipe and Drum)	Sheers
Drill Team (With Arms)	Exertion
Drill Team (Without Arms)	Ground School
Biathlon	FTXs
Marksmanship	Orienteering
Effective Speaking	Sailing/ Sail Weekends
Flying	Canoeing
Expedition (ZET, etc)	Sports Teams
Please indicate any other additional activities you participate in with cadets:	

What Community Service Activities do you participate in with Cadets:


**Agreement and Approval**

<i>I have carefully read and answered truthfully the above information and agree to abide by these requirements:</i>	<i>I agree to have this student participate in the co-operative education program as described:</i>
_____	_____
Student Signature	Parent Signature
Date	Date

**Note:**

- Registration will not be accepted unless parts of the form are completed & signed.
- Print a copy of this form, complete (with student and Parent/Guardian signatures)
- Scan this form and email to: sandy.mcdonald@ucdsb.on.ca