



CO-OPERATIVE EDUCATION CADET PROGRAM

**2020-2021 TRAINING
YEAR GRADES 9-12**
Please Print Clearly



A. Student Information		Ontario Resident 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 _____	_____		Age _____
_____		DD- MM- YYYY	
_____		Current Grade _____	
Student Email _____		Parent Email _____	
B. Co-Operative Linking Course			
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 _____	
C. Placement/ Training Location			
<input type="checkbox"/> Sea	<input type="checkbox"/> Army	<input type="checkbox"/> Air	Corps/Sqn # _____
Corps/Sqn Location _____			
CO Contact _____		Trg O Contact _____	
D. School Information			
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 # _____		_____	
E. Home School Staff Member MUST Sign - please check one box:			
<input type="checkbox"/> I confirm, <i>we have supporting documentation as per the Ministry of Education Register instructions</i> , that this student is NOT a fee-paying student and has the right to attend Ontario Continuing Education programs without a tuition fee.			
_____		_____	
School Staff Member's Name	Signature	School Staff Member's Job Title	Date
OR			
<input type="checkbox"/> I confirm, <i>we have supporting documentation as per the Ministry of Education Register instructions</i> , that this student is <u>not</u> an Ontario resident, and is a fee-paying student. As such, I understand that the student's school will be invoiced by this Board for their continuing education program.			
_____		_____	
School Staff Member's Name	Signature	School Staff Member's Job Title	Date

F. Parent Approval- If cadet is under 18 years of age

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

G. CO Approval

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 school 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 UCDB 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 have carefully read and answered truthfully the above information and agree to abide by these requirements:

I agree to have this student participate in the co-operative education program as described:

Student Signature

Parent Signature

Date

Date

Note:

- Print a copy of this form, complete (with student and Parent/Guardian signatures)
- A copy of your transcript or status sheet must be included with this application.**

Scan this form and email to: CADETCOOP@UCDSB.ON.CA

Registration will not be accepted, and COOP cannot begin until all forms are completed and signed, and the transcript or status sheet (credit counseling summary) are received.