

CO-OPERATIVE EDUCATION CADET PROGRAM

2023-2024 TRAINING YEAR GRADES 9-12

Please Print Clearly



A. Student Information				Ontario R	esident Yes	No	
Surname:				First Name	2:		
Address:							
	Civic # an	d Road		City a	ind Province	Po	stal Code
Home Number:				Alternate I	Number:		
Date of Birth:				Age:	C	urrent Grade:	
	DD- MM-	(YYY					
Student Email:				Parent Em	ail:		
B. Co-Op	erative Lir	nking Cours	se				
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/ Ye	ear Completed:		
Is the student p	art of a SHSM	Yes	No	lf yes, whic	ch SHSM:		
C. Placer	ment/ Trai	ning Locati	ion				
Sea		Army		Air		Corps/Sqn #:	
Corps/Sqn Locat	ion:						
CO Contact:				Trg O Cont	act:		
D. Schoo	l Informat	ion					
This opportuni	ty is open to	cadets from	any School	Board withi	n Ontario from Gi	rades 9 to 12	
School Name:				School Boa	ard:		
School Address:							
Staff Name:				Staff em	ail:		
E. Home School Staff Member MUST Sign - please check one box:							
I confirm, we have supporting documentation as per the Ministry of Education Register instructions, 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 M	ember's Name		Signature		School Staff Mem	ber's Job Title	Date
			0	R			
I confirm, we have supporting documentation as per the Ministry of Education Register instructions, 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 N	vlember's Name		Signature		School Staff Mem	ber's Job Title	Date

F. Parent Approv	val- If cadet is under :	18 years of age		
	bating in the Training Year	Cadet Co-Op program and	d certify that	the above information is
correct				
Parent/Guardian (First/Las	t Name):		Date:	
Parent/Guardian Phone#:		Parent/Guardian email	:	
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:		CO Sign	ature:	

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_

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.



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.