



CO-OPERATIVE EDUCATION CADET PROGRAM

2023-2024 TRAINING
YEAR GRADES 9-12
Please Print Clearly



Form with sections A (Student Information), B (Co-Operative Linking Course), C (Placement/ Training Location), D (School Information), and E (Home School Staff Member MUST Sign). Includes fields for personal details, course information, placement preferences, school details, and a signature section for staff members.

### 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 (First/Last 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 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:

<input type="checkbox"/>	Music Training (Brass and Reed)	<input type="checkbox"/>	Debating
<input type="checkbox"/>	Music Training (Pipe and Drum)	<input type="checkbox"/>	Sheers
<input type="checkbox"/>	Drill Team (With Arms)	<input type="checkbox"/>	Exertion
<input type="checkbox"/>	Drill Team (Without Arms)	<input type="checkbox"/>	Ground School
<input type="checkbox"/>	Biathlon	<input type="checkbox"/>	FTXs
<input type="checkbox"/>	Marksmanship	<input type="checkbox"/>	Orienteering
<input type="checkbox"/>	Effective Speaking	<input type="checkbox"/>	Sailing/ Sail Weekends
<input type="checkbox"/>	Flying	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	Expedition (ZET, etc)	<input type="checkbox"/>	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.**