



CO-OPERATIVE EDUCATION CADET PROGRAM

2016-2017 TRAINING YEAR

GRADES 9-12

Please Print Clearly



A. Student Information			
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. 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 June 21, 2016. In most cases, the linking course will be CHV 2O (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	Unit # _____
Unit 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 # _____		SIS # _____	Band # _____
E. 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 _____	
F. 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 _____	

Note:

- Registration will not be accepted unless parts A, B, C, D, E and F are completed
- Print & complete this form (with signatures) and bring to your Guidance Counsellor for your OEN
- Scan this form and email to: sandy.mcdonald@ucdsb.on.ca