



Student Information Form
2016- 2017 Training Year Cadet Co-Op



Personal Information

Name	Date of Birth
Mailing Address	
Telephone	Alternate Phone
Student Email	Parent Email
Unit #	Unit Location

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.

Agreement and Approval

<i>I have carefully read 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:

- Print a copy of this form, complete (with student and Parent/Guardian signature) and include in application
- Cadets are to include this form in the package, scan and email it to sandy.mcdonald@ucdsb.on.ca