



CADET CO-OPERATIVE EDUCATION PROGRAM



SUMMER SEMESTER REGISTRATION FORM

JUNE 28th TO AUGUST 22nd, 2024 (registration deadline June 14th, 2024)

This opportunity is open to cadets from any school board within Ontario from Grades 9 to 12

SECTION 1

STUDENT INFORMATION

Surname:

First Name:

Address:

Street, City or Lot, Concession, Township

Postal Code

Home Phone:

Date of Birth (mm/dd/yyyy):

Male:

Female:

Gender Self-Identification:

Student Email:

Parent/Secondary Email:

PLACEMENT/TRAINING LOCATION

****Please note there are ONLY 3 location options**

What is your anticipated training centre for your summer placement?

Please include training course:

Blackdown Cadet Training Centre – Borden, Ontario

HMCS Ontario Cadet Training Centre - Kingston, Ontario

Trenton Flying Centre – Mountainview, Ontario

Unit #

Unit Location:

PARENT/GUARDIAN APPROVAL – If cadet is under 18 years of age

Parent/Guardian: (please print)

Parent/Guardian email:

Parent/Guardian Phone#:

Parent Signature:

Date:

Student Signature:

Date:

C.O. APPROVAL

I certify that this cadet is a member of my unit and is in good standing and will be conducting summer training.

CO Name and Rank:

CO Signature:

Date:

SECTION 2 - **THE FOLLOWING SECTION MUST BE COMPLETED BY THE SCHOOL GUIDANCE COUNSELLOR**

CO-OPERATIVE EDUCATION COURSE LINK

Please indicate the related in-school curriculum course on which the co-op credit will be based. For summer semester programming, this related course must be one which the student has successfully completed by June 21st, 2024. **Please provide student/parent with a copy of their current transcript and/or credit counselling summary.**

Course Code (i.e. GLC20)

Date Completed

Is this a SHSM Student?:

Yes

If yes, include SHSM here: _____

HOME SCHOOL INFORMATION

School Board:

Home School Name:

Home school Address:

Home school staff contact name:

Job Title:

Staff email:

Student's Board Residence Status (pupil of the board, study permit....):

Student OEN:

Please note that at the completion of Summer Semester, a copy of the Student Report card will be mailed to the Student's home address and a copy will be mailed to the Home School Address. Both addresses must be indicated.

HOME SCHOOL STAFF MEMBER MUST SIGN

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.

Home School Staff Member's Signature

Date

OR

I confirm, *we have supporting documentation as per the Ministry of Education Register instructions*, that this student is not 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.

Home School Staff Member's Signature

Date

INSURANCE

The Ministry of Education provides insurance through the Ontario Workplace Safety Insurance Board, for all co-operative education students. 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 co-operative education programs is collected under the authority of the Education Act, and will be used for the ongoing administration of appropriate co-operative education work placements and programs.

PUBLICATIONS, DISPLAYS, PHOTOGRAPHS, FILMS, VIDEOTAPES, STUDENT WORK, 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 Board or may 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 PER or course report and other related information will be shared with the Upper Canada District School Board for student evaluation purposes. I further understand the UCDSB will maintain confidentiality with these records at all times.

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/Guardian Signature:
Date:	Date:

All 3 pages of the Registration Form are to be sent to the Cadet Summer Semester Office