



Archbishop Anthony Meagher Catholic Continuing Education Centre

Cooperative Education Application
SUMMER COOPERATIVE EDUCATION APPLICATION (2019)
Students from Out of Board must also register online for Summer School Coop

Please Note:

- 1. The summer school application form must accompany this cooperative education applications
2. Summer pre-placement classes will be: June 25, 26, 27, 2019 (4:00 pm – 9:00 pm)
3. Students will be contacted about the location of the pre-placement sessions
4. If you have not been notified by June16, please contact Continuing Education, Oshawa Campus Immediately
5. Include a resume, status sheet or transcript and an attendance record with this coop application

Please indicate the Cooperative Education Program that you are applying for. Application due dates are indicated below.

Summer School (1 credit) []

Summer School (2 credits) []

Student Name (please print clearly): Current Grade: Date of Birth: Age:
Name of Secondary School: Email Address *to be used for co-op communication only Home Phone: Cell Phone:

Home Address (street, city, postal code):

How will you travel to and from your placement? Local Transit [] Walk [] Car [] Other:
(Transportation arrangements and costs are the student's responsibility.)

Do you have a driver's license? Yes [] (G1 [] G2 []) No []

Are you currently enrolled in a Specialist High Skills Major (SHSM)? Yes [] No []
If you are enrolled in a SHSM program, please indicate the program/sector (e.g. Business, Transportation, Arts & Culture ...) and list the Certifications that you have completed.

PLEASE PROVIDE A COPY OF: [] Last Secondary School Transcript
[] Proof of Canadian Citizenship or Residency Status (Birth Certificate, Passport, Canadian Citizenship Card)
[] 2nd piece of Identification (Driver's License, piece of mail addressed to you)

Guidance Counsellor (printed) Guidance Counsellor Signature Date

School Administrator (printed) School Administrator Signature Date

PLEASE INCLUDE A RESUME, STATUS SHEET & ATTENDANCE RECORD WITH THIS APPLICATION

Completed Applications must be sent to Summer School Office before June 14, 2019
Archbishop Anthony Meagher Catholic Continuing Education Centre
850 King St. W, Unit 26, Oshawa (Fax: 905-438-0571)

PARENT/GUARDIAN CONSENT & STUDENT AGREEMENT

The Cooperative Education Program strives to ensure a successful learning experience for every student.

In order to remain in the Cooperative Education program, the student will comply with the following requirements:

- The student will earn one or two credits upon successful completion of all in-school and placement components;
- however, the placement experience may be terminated by the school or the placement with a loss of credits if expectations are not met.

- The student will report to work and school as scheduled and indicated on the Work Education Agreement.

- The student is to notify the placement supervisor and Cooperative Education teacher prior to the beginning of the shift if he/she is unable to report for work due to illness or emergency; and the parent/guardian must notify the school attendance office.

- The student will respect and adhere to the school and employer regulations and expectations.

- The student will work in a courteous, responsible and business-like manner.

- The student will meet the employer's expectations of dress and behavior.

- The student will adhere to company health and safety regulations.

- The student will complete weekly activity log sheets as well as other required assignments by the assigned due dates.

INSURANCE COVERAGE

- Students will receive Workplace Safety and Insurance Board Coverage from the Ministry of Education in unpaid coop placements.
- Students must complete and submit a Work Education Agreement form with all required signatures prior to beginning the placement.
- All students are encouraged to obtain additional Student Accident Insurance Coverage. Forms can be obtained from the main office at each secondary school.

TRANSPORTATION COSTS TO AND FROM THE CO-OP PLACEMENT ARE THE STUDENT'S RESPONSIBILITY

We, the undersigned, agree to participation in the Cooperative Education Program of the Durham Catholic District School Board under the conditions set forth in this agreement:

_____	_____	_____
Student Name (printed)	Student Signature	Date
_____	_____	_____
Parent/Guardian Name (printed)	Parent/Guardian Signature	Date

The information in this application will be used for purposes consistent with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

Must be received on or before Friday June 14, 2019 at Archbishop Anthony Meagher CCEC
850 King Street W., Unit 26 Oshawa ON L1J 8N5
Tel: (905) 438-0570 FAX: (905) 438-0571