

## NIGHT SCHOOL COOPERATIVE EDUCATION APPLICATION

**Please Note:**

1. The night school application form must accompany this cooperative education applications
2. Student will attend Pre-placement classes for the 1<sup>st</sup> three nights of Night School (6:00 pm – 9:30 pm)
3. 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.**

Night School (1 credit)

Night School (2 credits)

Student Name (please print clearly):	Current Grade:	Date of Birth:  Age:
Name of Secondary School:	Email Address (optional): <i>*to be used for co-op communication only</i>	Home Phone:  Cell Phone:
Home Address (street, city, postal code):		
How will you travel to and from your placement? Local Transit <input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Other: _____ <b>(Transportation arrangements and costs are the student's responsibility.)</b>		
Do you have a driver's license? Yes <input type="checkbox"/> (G1 <input type="checkbox"/> G2 <input type="checkbox"/> No <input type="checkbox"/>		
Are you currently enrolled in a Specialist High Skills Major (SHSM)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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.		
<b>PLEASE PROVIDE A COPY OF:</b>		
<ul style="list-style-type: none"> <li>○ Last Secondary School Transcript or Status Sheet</li> <li>○ Proof of Canadian Citizenship or Residency Status (Birth Certificate, Passport, Canadian Citizenship Card)</li> <li>○ 2<sup>nd</sup> piece of Identification (Driver's License, piece of mail addressed to you)</li> <li>○ Resume</li> <li>○ Attendance Record</li> </ul>		

\_\_\_\_\_  
Guidance Counsellor (printed)

\_\_\_\_\_  
Guidance Counsellor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator (printed)

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date

**Completed Coop Applications along with required documents must be sent to Con Ed Oshawa  
two weeks before the start of Night School**

**Archbishop Anthony Meagher Catholic Continuing Education Centre  
850 King Street 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 community placement components
- 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.

Application should be sent to Archbishop Anthony Meagher before the start of Night School  
850 King Street W., Unit #26 Oshawa ON L1J 8N5  
Tel: (905) 438-0570 FAX: (905) 438-0571