



**Durham Catholic District School Board
 Archbishop Anthony Meagher Catholic Continuing Education Centre
 Cooperative Education Night School Application**

Student Information		
Please indicate the Cooperative Education Program that you are applying for. Placements can be virtual or in-person. *** The Night School application form must accompany this Co-op application.		
Night School (Semester One)	<input type="checkbox"/> 1 credit	<input type="checkbox"/> 2 credit
Night School (Semester Two)	<input type="checkbox"/> 1 credit	<input type="checkbox"/> 2 credit
Student Name:	Current Grade:	Date of Birth: _____
		Age: _____
Name of Secondary School:	Email Address (required for Night School updates):	Home Phone: _____
		Cell Phone: _____
Home Address (street, city, postal code):		
Are you currently enrolled in a Specialist High Skills Major (SHSM)? Yes <input type="checkbox"/> No <input type="checkbox"/> Sector: _____		
Placements: While all attempts will be made to find suitable co-op placements, please be advised that securing a placement is not guaranteed. Students are encouraged to assist in providing a recommendation for a co-op placement. Co-op placements will be arranged by the Co-op Teacher at Continuing Education. Placements can be in-person or virtual.		
<input type="checkbox"/> I do not have a co-op placement <input type="checkbox"/> I have a potential placement		
Name of Organization/Business: _____ Location: _____		
Name of Employer Contact: _____ Phone # _____		
PLEASE PROVIDE A COPY OF: <input type="checkbox"/> Latest Secondary School Transcript <input type="checkbox"/> Proof of Canadian Citizenship or Residency Status (Birth Certificate, Passport, Canadian Citizenship Card) <input type="checkbox"/> 2 nd 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 and attendance record with this application.

Completed applications can be sent to: credit.reg@dcdsb.ca

**Archbishop Anthony Meagher Catholic Continuing Education Centre
 850 King St. W., Unit 26, Oshawa, L1J8N5
 (Tel: 905-438-0570 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 co-op 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.

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.