



CADET CO-OPERATIVE EDUCATION PROGRAM



SUMMER SEMESTER REGISTRATION FORM JULY 10th TO AUGUST 18th, 2023 (registration deadline June 23,

STUDENT INFORMATION

Surname:	First Name:
Address:	
Street, City or Lot, Concession, Township	Postal Code:
Home Phone:	Date of Birth (mm/dd/yyyy):
Male	Female
Student Email:	
Parent/Secondary Email:	

CO-OPERATIVE EDUCATION COURSE LINK

Please indicate the related in-school curriculum course on which your co-op credit will be based. For summer semester programming this related course must be one which you have successfully completed by June 23rd, 2022.

Course Code (i.e. GLC20)	Date Completed
Is this a SHSM Student?	Yes If yes, include SHSM here: _____

PLACEMENT/TRAINING LOCATION

Course	Staff
What is your anticipated training centre for your summer placement?	
Blackdown Cadet Training Centre (Blackdown CTC)	Please include training course:
Connaught Cadet Training Centre (Connaught CTC)	
Trenton Cadet Training Centre (Trenton CTC)	
Advanced Aerospace Course (AAC), St. Jean sur Richelieu	

Unit #	Unit Location:
--------	----------------

HOME SCHOOL INFORMATION		
This opportunity is open to cadets from any school board within Ontario from Grades 9 to 12.		
School Board:		
Home school name and complete address:		
Home school staff contact name:		Staff email:
Board Residence Status: (pupil of the board, study permit....)		
Student OEN: (9 digit Ontario Education Number)		
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 complete.		
Home School Staff Member MUST Sign:		
<p>I confirm, <i>we have supporting documentation as per the Ministry of Education Register instructions</i>, that this student is NOT a fee-paying student and has the right to attend Ontario Continuing Education programs without a tuition fee.</p> <p>_____</p> <p>Home School Staff Member's Name Home School Staff Member's Job Title Date</p> <p style="text-align: center;">OR</p> <p>I confirm, <i>we have supporting documentation as per the Ministry of Education Register instructions</i>, 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.</p> <p>_____</p> <p>Home School Staff Member's Name Home School Staff Member's Job Title Date</p>		
PARENT/GUARDIAN APPROVAL – If cadet is under 18 years of age		
Parent/Guardian: (please print)		
Parent/Guardian email:		Parent/Guardian Phone#:
Parent Signature:		
Student Signature:		Date:
CO 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:

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:

Please download the pre-placement activities from our website.

Your teacher will be in touch via email during the first week of July.

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

cadetsummercoop@ucdsb.on.ca