



UPPER CANADA DISTRICT SCHOOL BOARD CADET CO-OPERATIVE EDUCATION PROGRAM



SUMMER SEMESTER REGISTRATION FORM

JUNE 28th TO AUGUST 22nd, 2024 (registration deadline June 25, 2024)

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

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: _____

Does the student have an IEP: Yes No If yes, please include IEP with this form.

Does the student have any medical issues the Co-op teacher and supervisor need to be aware of? Yes No
If yes, please complete and include the Life Threatening Emergency Medical Form and include with this form.
If this is a life threatening condition, a Plan of Care must be included with this form.

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

Parent/Guardian Name _____

Parent/Guardian Email: _____ Parent/Guardian Phone#: _____

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: _____

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?: No 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.*

ATTESTATION

- 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. *I have included the supporting documentation as per the Ministry of Education Register instructions, namely the signed student **Attestation Form**, to this registration.*

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. *I have included the supporting documentation, as per the Ministry of Education Register instructions, namely the signed student **Attestation Form**, to this registration.*

Home School Staff Member's Signature

Date

SECTION 3 - THE FOLLOWING SECTION MUST BE COMPLETED BY THE PARENT/GUARDIAN

CONSENT TO SHARE INFORMATION – PARENT/GUARDIAN MUST SIGN

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 I Do Not Permit

The Upper Canada District School Board and/or any of its schools to reproduce or display printed or digital 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 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 training records and other related information will be shared with the Upper Canada District School Board (UCDSB) for student evaluation purposes. This sharing may be done electronically through emailed password protected files. I acknowledge that while every precaution will be taken to transmit personal information securely, boards cannot guarantee the security of information between institutions, and I accept the inherent risk of this information being compromised. I further understand the UCDB will maintain confidentiality with these records, at all times.

Parent/Guardian Signature: _____

ACKNOWLEDGEMENT AND WAIVER – PARENT/GUARDIAN MUST SIGN

The Cadet Corp Program is designed and run solely by the Cadet Corp. The Upper Canada District School Board does not undertake any oversight, supervision or review of the Cadet Corp Program and/or students who decide to participate in the program. As part of the Cadet Corp Program, students may be participating in high-risk activities and do so at their own risk. The Upper Canada District School Board does not make any representations to students regarding the nature and safety of their participation. The Upper Canada District School Board's role is solely to provide co-operative education credits to those individuals already registered and participating in the Cadet Corp Program.

I acknowledge that the UCDSB does not actively manage, design or supervise students participating in the Cadet Coop program. By registering my child in the UCDSB Cadet Coop Program, I waive any rights to sue the Upper Canada District School Board in the event of an injury sustained while participating in the Cadet Coop Program.

Parent/Guardian Name: (please print) _____

Parent Signature:

Date:

COOPERATIVE EDUCATION AGREEMENT AND APPROVAL- STUDENT AND PARENT/GUARDIAN MUST SIGN

The student's Co-operative Education Learning Plan must be linked to a related curriculum course which the student has completed successfully or is currently enrolled in.

The student will:

- follow the work placement's rules of conduct, grooming, dress, punctuality and attendance, and follow the co-operative education course schedule as provided;
- receive training and work assignments from the specified workplace supervisor;
- work at such times by mutual consent of the student, supervisor and Co-operative education teacher;
- report his or her absence from the work placement to the workplace supervisor and the Co-operative education teacher prior to the beginning of the expected work start time;
- provide his or her own transportation to and from the work placement;
- be evaluated by the Co-operative education teacher;
- be granted Ontario Secondary School credits for successfully completing the program as per the agreement and schedule.

A student enrolled in a Co-operative education program cannot apply hours accumulated at his or her placement to fulfill the community involvement expectations or PLAR of the Ontario Secondary School Diploma.

The Co-operative Education teacher will:

- monitor the student's activities and progress at the work placement on a regular basis by visits, phone calls, email and other appropriate forms of communication;
- assess and evaluate the student's progress in the program, and thereby determine his or her final grade.

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.

Pre-placement Tasks will be available from your teacher once registration is completed.

If the student withdraws from After-School Cadet Co-op, the student must inform the home school guidance teacher and the Co-op teacher.

I have carefully read the above information and agree to abide by these requirements:

I agree to have this student participate in the co-operative education program as described:

Student Signature:

Parent/Guardian Signature:

Date:

Date:

To complete the registration process, the home school will email the following documents to the Cadet Summer Semester Office (cadetsummercoop@ucdsb.on.ca) in a password protected format:

- ✓ All 4 pages of the Registration Form
- ✓ A copy of the student transcript or status sheet
- ✓ Supporting documentation to support the student attestation (fee paying or non-fee paying status)
- ✓ IEP (if applicable)
- ✓ Life Threatening Emergency Medical Form (if applicable)
- ✓ Plan of Care (if applicable)

ADDITIONAL INFORMATION (Optional)

Student Name: _____

Aside from weekly training, do you participate in any additional activities at your unit?

(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Music Training (Brass and Reed) | <input type="checkbox"/> Debating |
| <input type="checkbox"/> Music Training (Pipe and Drum) | <input type="checkbox"/> Sheers |
| <input type="checkbox"/> Music Training (Pipe and Drum) | <input type="checkbox"/> Exertion |
| <input type="checkbox"/> Drill Team (Without Arms) | <input type="checkbox"/> Ground School |
| <input type="checkbox"/> Biathlon | <input type="checkbox"/> FTXs |
| <input type="checkbox"/> Marksmanship | <input type="checkbox"/> Orienteering |
| <input type="checkbox"/> Effective Speaking | <input type="checkbox"/> Sailing/Sail Weekends |
| <input type="checkbox"/> Flying | <input type="checkbox"/> Canoeing |
| <input type="checkbox"/> Expedition (ZET, etc) | <input type="checkbox"/> Sports Teams |

Please indicate any other additional activities you participate in with cadets:

What Community Service Activities do you participate in with Cadets?
