

## Fellowes High School Cooperative Education Student Application

NAME: \_\_\_\_\_ S.I.N: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_  
YEAR MONTH DAY

ADDRESS: \_\_\_\_\_  
No. Street City Postal Code

TELEPHONE#: \_\_\_\_\_ CELLPHONE#: \_\_\_\_\_

TOTAL CREDITS (TO DATE): \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

COOPERATIVE EDUCATION EXPERIENCE REQUESTED **High Skills Major:** Yes \_\_\_ No \_\_\_

1<sup>ST</sup> CHOICE \_\_\_\_\_ LITERACY TEST PASSED?

2<sup>ND</sup> CHOICE \_\_\_\_\_ YES \_\_\_\_\_

3<sup>RD</sup> CHOICE \_\_\_\_\_ NO \_\_\_\_\_

### FREEDOM OF INFORMATION

Pursuant to subsection 29(2) of 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 placements.

### PARENTAL PERMISSION

\_\_\_\_\_ has my permission to enrol in a Fellowes High School sponsored co-operative education program.

I UNDERSTAND AND AGREE THAT:

1. The student will spend a portion of his/her school day at a school selected training station;
2. his/her program will be monitored by a qualified teacher;
3. he/she will be covered by Workplace Safety Insurance Board while at the training station (except for student in a school under the supervision of a qualified teacher);
4. he/she will be covered, while at the training station by the Renfrew County District School Board's general liability insurance policy;
5. placement in the Co-op Ed program is conditional upon the availability of an appropriate training station and adequate means of transportation between the school and the training site.
6. Absences-lates-suspensions will be considered prior to admittance to the coop program.

I hereby release the Renfrew County District School Board, the school and it's staff from any responsibility for the student, while travelling to or from the training station, while he/she is involved in a Co-op Ed project. In the event that my son/daughter is given permission to drive his/her personal form of transportation to or from the worksite, I agree to provide the teacher-monitor with suitable proof of insurance coverage.

PARENT/GUARDIAN: \_\_\_\_\_

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**Transportation to a Co-op Placement is the responsibility of each student. Please state how you will get to your placement:**

\_\_\_\_\_