



# Archbishop Anthony Meagher Catholic Continuing Education Centre

## SUMMER COOPERATIVE EDUCATION APPLICATION (2021) Students from Out-of-Board must also register online for Summer School Co-op

Please Note:

1. The summer school application form must accompany this cooperative education application.
2. Summer pre-placement classes will be offered online: June 28, 29, 30, 2020 (5:00 pm – 9:00 pm).
3. Students will be contacted regarding the format for virtual sessions before the placement begins.
4. **Work placement will be virtual, pending availability**, and begins July 2, 2021. The hours of work at the placement will vary depending on the number of credits a student is earning.
5. If you have not been notified by June 24, please contact Continuing Education, Oshawa Campus immediately.
6. Include a resume, status sheet or transcript and an attendance record with this co-op application.

Please indicate the Cooperative Education Program that you are applying for. Application due dates are indicated below.

Summer School (1 credit)

Summer School (2 credits)

Student Name (please print clearly):	Current Grade:	Date of Birth:
Name of Secondary School:	Email Address <i>*to be used for co-op communication only</i>	Age:
		Home Phone:
		Cell Phone:

Home Address (*street, city, postal code*):

Are you currently enrolled in a Specialist High Skills Major (SHSM)? Yes  No

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.

SHSM Program:

PLEASE PROVIDE A COPY OF:  Last Secondary School Transcript or Status Sheet

- Proof of Canadian Citizenship or Residency Status (**Birth Certificate, Passport, Canadian Citizenship Card**)
- 2<sup>nd</sup> piece of Identification (**Driver's License, piece of mail addressed to you**)
- Resume
- Attendance Record

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

Please send completed applications to:  
**Archbishop Anthony Meagher Catholic Continuing Education Centre**  
**850 King St. W, Unit 26, Oshawa**  
**Fax: 905-438-0571 or Email: [credit.reg@dcdsb.ca](mailto:credit.reg@dcdsb.ca)**  
**by June 18, 2021**

# 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 their virtual 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.

***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.

Must be received on or before **Friday, June 18, 2021** at Archbishop Anthony Meagher CCEC  
850 King Street W., Unit 26 Oshawa ON L1J 8N5  
Tel: (905) 438-0570 FAX: (905) 438-0571 Email: [credit.reg@dcdsb.ca](mailto:credit.reg@dcdsb.ca)