

PORT PERRY HIGH SCHOOL

**COOPERATIVE EDUCATION - STUDENT APPLICATION FORM
2022 - 2023**

*SUBMIT THIS APPLICATION WITH YOUR COURSE PLANNER SIGN-OFF SHEET TO THE
GUIDANCE OFFICE*

NAME: _____	CURRENT GRADE: _____
ADDRESS: (street) _____	
(town) _____	(postal code) _____
HOME TELEPHONE: _____	DATE OF BIRTH: _____ (dd/mm/yyyy)
CELL NUMBER: _____	

TYPE OF COOPERATIVE EDUCATION PROGRAM DESIRED:

- 2 Credit Co-op Area of Interest: _____
- 4 Credit Co-op Area of Interest: _____
- 4 Credit Ontario Youth Apprenticeship Program (OYAP) Trade: _____

WHAT COURSES HAVE YOU TAKEN AT SCHOOL RELATED TO THIS? _____

CURRENT EMPLOYMENT? YES ___ NO ___

IF YES, EMPLOYER NAME: _____

ARE YOU A SPECIALIST HIGH SKILLS MAJOR (SHSM) STUDENT? YES ___ NO ___

IF YES, WHAT IS YOUR AREA OF MAJOR?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Hospitality & Tourism |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Motive Power |
| <input type="checkbox"/> Environment | |

WHAT IS YOUR DESTINATION AFTER SECONDARY SCHOOL?

- Apprenticeship College University Workplace

DISCUSS WHY YOU WISH TO ENROLL IN THE COOPERATIVE EDUCATION PROGRAM:

To Parent/Guardian:

Your child has applied to take part in a cooperative education experience. **Upon completion of this form, students will be required to submit a resume, provide the name of two teacher references, be counselled by a member of the co-op staff and be interviewed by potential employers.**

Two-credit cooperative education students may be scheduled to attend a community placement during the morning or afternoon, depending on the needs of the placement and the student's timetable. Four-credit students will attend placement all day for an entire semester.

Transportation to and from the placement is the responsibility of the student.

Additional costs may be incurred by the student for necessary safety equipment, clothing and/or certifications that are integral to the placement. Additionally, some placements require a criminal background check at a cost to the student.

Certain placements/sectors will require **student proof of vaccination** for influenza and/or COVID-19 as per company or government policy.

The Ministry of Education covers the cost of WSIB insurance for all students who are involved in community placements. The Durham District School Board does not provide coverage for student injury. **All students are strongly encouraged to obtain additional Student Accident Insurance coverage.**

If you have any questions or concerns about the program, please call a member of the cooperative education staff at the school, (905) 985-7337 x3.

Does your child have any medical issues that co-op staff should be aware of when considering a placement? If yes, please outline:

Indicate your child's mode of transportation for the 2022-2023 school year:

- walking driving student vehicle driving parent vehicle parent regularly driving student

Parental Signature: _____

Date: _____