

**PORT PERRY HIGH SCHOOL**

**COOPERATIVE EDUCATION - STUDENT REGISTRATION FORM  
2025 - 2026**

*SUBMIT THIS FORM WITH YOUR COURSE SELECTION SIGN-OFF SHEET TO THE GUIDANCE OFFICE*

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

**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: Culinary    |
| <input type="checkbox"/> Energy       | <input type="checkbox"/> Hospitality & Tourism: Hairstyling |
| <input type="checkbox"/> Environment  | <input type="checkbox"/> Motive Power                       |

**WHAT IS YOUR DESTINATION AFTER SECONDARY SCHOOL?**

- Apprenticeship     College     University     Workplace

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

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To Parent/Guardian:

Your child has selected 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 governmental placements may require a criminal background check at a cost to the student.

Certain placements/sectors may require **student proof of vaccination** for influenza, COVID-19, TB, etc., 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:**

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**Indicate your child's mode of transportation for the 2025-2026 school year:**

walking    driving student vehicle    driving parent vehicle    parent regularly driving student

**Parental Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_