

PORT PERRY HIGH SCHOOL

**COOPERATIVE EDUCATION - STUDENT REGISTRATION FORM
2026 - 2027**

SUBMIT THIS FORM IMMEDIATELY TO STUDENT SERVICES OR THE CO-OP OFFICE (ROOM 212)

NAME: _____ CURRENT GRADE: _____

ADDRESS: (street) _____

(town) _____ (postal code) _____

HOME TELEPHONE: _____ CURRENT AGE: _____

CELL NUMBER: _____ DATE OF BIRTH: _____
(dd/mm/yyyy)

DDSB Email Address: _____

Personal 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: _____

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?

☐ Business

☐ Health Care

☐ Construction

☐ Hospitality & Tourism: Culinary

☐ Energy

☐ Hospitality & Tourism: Hairstyling

☐ Environment

☐ Transportation

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 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** and/or a **TB test** 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.**

Students must have a **Social Insurance Number (SIN)** to participate in cooperative education. The SIN does not need to be shared; it is only needed in case of injury.

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 placement selection? If yes, please outline: _____

Does your child have a Social Insurance Number (SIN)? ☐ yes ☐ no

Indicate your child's mode of transportation for the 2026-2027 school year:

☐ walking ☐ driving student vehicle ☐ driving parent vehicle ☐ parent regularly driving student

Parental Signature: _____ **Date:** _____