



**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
OUT OF BOARD STUDENT REGISTRATION
Summer School Co-op 2023-24**

Your registration is NOT complete until this **signed** application form and **signed** Work Education Agreement is received at Lindsay AAEC.

Deadline is **FRIDAY JUNE 14, 2024 @ 3:00PM**

EMAIL: anewstart@tldsbc.on.ca

Legal Last Name, First Name, Middle Name		Home Phone
Preferred Last Name, First Name (same as above <input type="checkbox"/>)		Cell Phone
Preferred Pronouns	Preferred Email Address	
Date of Birth Month Day Year	OEN	
Current (Home) School Board		
Current (Home) School School Name and Address		
Does the student have an Individual Education Plan (IEP) that requires review for this placement? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Parent / Guardian / Emergency Contacts		
Last Name, First Name		Relationship
Email Address		Cell Phone
Medical		
Does the student have allergies and/or health conditions that are life-threatening <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, give details. Include food allergies:		
Permissions/Consents		
I have read the Appropriate Use of Digital Technology, Content and Services Policy (available on the TLDSB website and at your school) and in regards to accessing the Internet and to use technology / technology services (whether owned or licenced to the TLDSB) while at school. I understand that my use of technology is subject to the requirements and terms of this Policy.		Yes <input type="checkbox"/> No <input type="checkbox"/>
My photograph/name may be displayed in school buildings, in school or TLDSB print or online: publications, videos, media, and/or social media platforms.		Yes <input type="checkbox"/> No <input type="checkbox"/>
My school work/name may be displayed in school buildings, in school or TLDSB print or online: publications, videos, media, and/or social media platforms.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Canada Anti-Spam Legislation Consent (CASL): I consent to receive commercial electronic messages about school pictures, field trips, food programs, event tickets, or similar events or offers to sell goods and services. (If others wish to consent, please fill out/sign the TLDSB School-to-Home Communication Consent Form For Parents and Guardians, available separately.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
It is your responsibility to advise the school immediately if you would like to change any permissions / consents.		

**Co-op worksites must be within the overall TLDSB boundaries.
Signed Work Education Agreement must accompany this application form**

Name of Employer:
(Business & Supervisor)

Location of Worksite:
(including address)

For School Guidance Department Staff to Complete

Credit Count (please check one): Single Credit (110 hours) Double Credit (220 hours)

Credit Tie-In (please check one): Co-op credits are to be tied to a successfully earned credit.
If you select English, identify the last English credit earned (ENG2D, NBE 3C, etc.) in the blank.

Grade 10 Careers: GLC20 **OR** English: _____ **OR** Other: _____

SHSM: Is the student working towards SHSM certification? Yes No Maybe / Undecided

If yes, please identify the sector: _____

Acknowledgement (School, Student and Parent)

School Acknowledgement / Approval: There has been consultation and counseling with regards to the aforementioned student participating in Summer School Co-op.

Counselor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Student Acknowledgement: I understand that there are requirements for earning my Summer School Co-op Credit: pre-placement assignments (approximately 10 hours), successful completion of 100 hours of work placement per credit, ongoing course assignments and a culminating assignment.

Student's Signature: _____ Date: _____

Parent/Guardian Acknowledgement:

- I/we certify the information submitted on this application is correct.
- I/we understand that it is our responsibility to advise the school immediately of any changes in information stated on this form.
- I/we understand that the Principal (or designate) in an emergency will act as my agent to engage medical attention and/or hospitalization of my child if deemed necessary.
- I/we acknowledge that the school accepts no liability for thefts which may occur on the school or workplace premises.

PLEASE NOTE: If your child is 16 or 17 years of age at the time of this collection, you must have the necessary consent of the child to permit the collection under the Municipal Freedom of Information and Protection of Privacy Act.

Parent / Guardian Signature: _____ Date: _____

Privacy of Confidential Information

The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the school principal.