



TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
TLDSB STUDENT REGISTRATION
Night School Co-op 2025-26

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

EMAIL: anewstart@tldsbc.on.ca

You will receive an email with your application status and intake date after the documents have been reviewed.

The 2025 TLDSB Night School Cooperative Education program is open to all current TLDSB students who are:

- Current Grade 11 or 12 students
- Priority will be given to the following groups: SHSM students and grade 12 students requiring an additional 2 credits to graduate
- Students who have a job with sufficient weekly hours to support credit accumulation

Registration for Night School Cooperative Education is offered as part of our continuous intake model. Students can now apply for Night School Cooperative Education until March 18, 2026 of this school year.

Timing/important Dates:

- Wednesday, October 15, 2025 – First intake day (intakes will occur bi-weekly after this date).
- Wednesday, March 11, 2026 – Last intake day.
- Friday June 19, 2026 – Last day for students to earn Night School Cooperative hours.

PLACEMENTS:

TLDSB Night School Co-op students will be assigned a Night School Co-op teacher if they are accepted into the program. Students are responsible for having their own placements and must complete 1 credit (110 hours) or 2 credits (220 hours) by the last day listed above. These placements will require a form to be completed by the workplace supervisor and they will need to be approved by the Night School Co-op teacher before they can be used for the Night School Co-op Program.

The Course is divided into 3 parts:

Part 1: Pre-Placement: Approx. 10 Hours

There are 10 required pre-placement hours. You will obtain and complete the required paperwork for the course using Google Classroom. You will be taught employment practices and standards.

Part 2: Hours & Journals: Approx. 15-20 Hours

You must log 110 hours at your placement for 1 credit and 220 for 2 credits. Reflections, weekly hour reports and course assignments.

Part 3: Culminating: Approx. 5-8 Hours

You will complete a culminating assignment to complete your credit(s).

To obtain Night School Co-op credit(s) you MUST:

- Access Google Classroom for assignments and resources
- Submit pre-placement paperwork: WEA, WHMIS, resume, cover letter, etc.
- Submit log-sheets or paystubs totaling 110 or 220 hours (weekly), journals and assignments
- Submit a culminating assignment

General Program Requirements

CONFIRM: I understand that Night School Coop is not guaranteed. My application is pending course enrolment, teacher availability, eligibility criteria and the requirements within the application form.

☐ YES - I understand the above statement.

CONFIRM: Student understands that there are requirements for earning Night School Co-op credits: pre-placement assignments, successful completion of 110 hours of work placement per credit, on-going course assignments and a culminating assignment. They will also be checking their TLDSB email regularly.

☐ YES - student understands the requirements for pre-placement, work placement, on-going assignments and the importance of regular communication throughout the program using their TLDSB email.

CONFIRM: If under 18 years of age, does student have permission from a parent/guardian to participate in the Night School Co-op Program?

☐ YES - student has permission from a parent/guardian to participate in the Night School Co-op program

☐ The student is over 18 years of age.

CONFIRM: Student understands that it is their responsibility to regularly check their TLDSB email for important next step information to ensure they meet all application deadlines.

Completion of this form does not guarantee acceptance into the program.

☐ YES - Student understands that they are expected to check their TLDSB email regularly for time-sensitive program information and application instructions. They also understand that acceptance is not guaranteed.

WEEKLY HOURS: Please provide below your current hours per week.

I work _____ hours per week.

Student & School Information

Legal Last Name, First Name, Middle Name		Home Phone
Preferred Last Name, First Name (same as above <input type="checkbox"/>)		Cell Phone
TLDSB Student Email		Preferred Pronouns
Date of Birth (dd/mm/yyyy)	Student Number	OEN

Current / Home School (check one)

☐ AAEC ☐ BMLSS ☐ FFSS ☐ GHS ☐ HHSS ☐ HHS ☐ IEWSS ☐ LCVI ☐ VLC

Does the student have an Individual Education Plan (IEP) that requires review for this placement?

☐ Yes

☐ No

Parent / Guardian / Emergency Contacts

Last Name, First Name	Relationship
Email Address	Phone

Medical

Does the student have allergies and/or health conditions that are **life-threatening**?

☐ Yes

☐ No

If Yes, give details. Include food allergies:

Permissions/Consents

The permissions / consents that were provided to the TLDSB home school will also apply during Night School Co-op. This includes Computer and Internet Acceptable Use as well as permissions for student photograph/name/work to be displayed in school buildings, in Board publications and websites, and in print and/or electronic media.

It is your responsibility to advise the school immediately if you would like to change any permissions / consents.

1. **Co-op worksites must be within the overall TLDSB boundaries.**
2. **Employers must be providing WSIB.**
3. **Supervisors may not be an immediate family member.**
4. **Signed Work Education Agreement must accompany this application form**

Name of Business

Name of Supervisor

Supervisor's Contact Phone Number

Address of Worksite:

Position (include a description of duties/responsibilities):

WEEKLY HOURS: Please provide below your current hours per week.

I work _____ hours per week.

For School Guidance Department Staff to Complete

Credit Count (please check one):

- ☐ Single Credit (100 hours, plus 10 pre-placement hours)
☐ Double Credit (210 hours, plus 10 pre-placement hours)

Credit Tie-In: Co-op credits are to be tied to a successfully earned credit

SHSM: Is the student working towards a SHSM certification?

- ☐ Yes
☐ No

If yes, please identify the sector: _____

OYAP Additional Information (School Guidance Department Staff to Complete)

Name of School

Co-operative Education Teacher Name (First Name and Last Name)

Teacher Telephone Number

Start Date of Co-op Placement (dd/mm/yyyy)

End Date of Co-op Placement (dd/mm/yyyy)

Hours per Week

Required Documentation Verified

- ☐ Transcript
☐ School Verification Form

OYAP Collection and Use of Personal Information

The goal of OYAP is to increase apprenticeship participation to ensure that Ontario has the skilled labour necessary to support growth and attract investment. Your personal information on this form as well as your graduation date will be used by the ministry to administer and finance OYAP, including monitoring and evaluating OYAP; conducting policy and statistical analysis; and reporting to Canada about the results of OYAP as required under the Labour Market Development Agreement (LMDA) between Canada and Ontario. The ministry will collect relevant personal information indirectly from your secondary school and employer for these purposes and may also disclose your personal information to these organizations. You may be contacted to request your voluntary participation in surveys and public relations campaigns related to OYAP.

The ministry may use the services of auditors, contractors or other third party administrators to administer and finance OYAP. The ministry collects, uses and discloses your personal information under the authority of the *Building Opportunities in the Skilled Trades Act, 2021*; and s. 266.3(3) of the *Education Act*, R.S.O. 1990, c. E. 2, as amended and s. 2 of O. Reg. 440/01; and the LMDA.

Questions about the collection, use and disclosure of your personal information may be addressed to the Manager, Employment Ontario Contact Centre, Ministry of Labour, Immigration, Training and Skills Development, 33 Bloor St E, 2nd floor, Toronto ON M7A 2S3, toll-free: 1-800-387-5656; Toronto: 416-326-5656; TTY: 1-866-533-6339.

By signing this form, you give consent to the ministry to collect, use and disclose personal information about you where relevant to the administration and financing of OYAP.

Signature of Applicant

Signature of Parent (if applicant under 18)

Date (dd/mm/yyyy)

Acknowledgement (Day School, Student and Parent)

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

Counselor's Signature: _____ Date: _____

Principal'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.