

Adult & Community Education Services

OnLine Work and Learn Co-op

Wednesday July 5 – Friday August 11, 2017

OnLine Work and Learn Co-op combines Employment Experience with an On-line Component.
Senior Level Students – Grades 11 and 12.

PLEASE RETAIN FOR FUTURE REFERENCE

If you have summer employment On-Line Work and Learn Co-op is an opportunity for you to earn two elective credits, while gaining hands on experience.

Student Information

STUDENT RESPONSIBILITIES

- To have the approval of your school Principal.
- To submit a **resume** with your completed application to your school's Guidance Department or Co-op Education Department.
- To arrange a suitable placement/employment before start of summer school.
- To follow all rules, regulations and policies of both the employer and the District School Board of Niagara related to dress, health and safety, attendance and work schedule.
- To work in an appropriate manner, exhibiting good work ethic, initiative and citizenship.
- To make the employer aware of any special health issues that might impact on your placement (e.g. medication requirements).
- To have your own transportation to and from your co-operative placement/employment.

INFORMATION TO REMEMBER

- The course runs from Wednesday July 5 – Friday August 11, 2017
- Regular attendance is required. Students and their families must ensure that holidays and other activities do not jeopardize their enrolment status in the program.
- **Students must complete a minimum of 6 hours per day, 5 days per week, (minimum 220 hours) plus complete online assignments to achieve 2 elective credits.**

For program inquiries, please contact Jake McIntosh:

Cell: (289)213-4976

Email: jacob.mcintosh@dsbn.org

The entire application MUST be completed prior to submission



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A resume and credit counselling summary must be submitted with this application

Student Registration

PLEASE PRINT

OEN #: _____ (Mandatory, can be found on your credit- counseling sheet)

Last Name: _____

First Name: _____

Address: _____

City: _____

APT/UNIT/P.O. Box: _____

Postal Code: _____

Home #: _____

Cell #: _____

Gender: MALE FEMALE

Date of Birth: _____

Social Insurance #: _____

Health Card #: _____

Language First Spoken: _____

Status in Canada: _____

Medical Condition (if applicable): _____

Internet Access: HOME OTHER: _____ Student Email address: _____

Home School 2016/2017: _____

SHSM Area Specialization: _____

Recommended Course Code _____ (to be submitted by Home School)

EMERGENCY CONTACT INFORMATION

Name (First & Last): _____ Relationship to Student: _____

Home #: _____ Cell #: _____ Work#: _____

Email address of Parent/Guardian: _____

PRINCIPAL'S SIGNATURE: _____ DATE: YY/M M/DD
PARENT/GUARDIAN'S SIGNATURE: _____ STUDENT'S SIGNATURE: _____

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EMPLOYMENT INFORMATION

Paid Position

Volunteer Position

EMPLOYMENT CONTACT INFORMATION

Employer/Company Name:	_____	Supervisor Name:	_____
Address:	_____	City:	_____
Work #:	_____	Cell:	_____
Email:	_____		

Please submit completed application by one method only by Friday, June 23, 2017 to:

Mail: Adult & Community Education
Attention: Kelly Levesque
535 Lake St.
St. Catharines, ON L2N 4H7

Email: SummerCoop@dsbn.org
Fax: 905-646-7042
Attention: Kelly Levesque

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