



**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
STUDENT REGISTRATION
Night School Co-op 2018-19**

The following pages must be completed with your signature and faxed or scanned to Sara Miller at the Lindsay AAEC. Your registration is NOT complete until this **signed** form is received at Lindsay AAEC.

FAX: 705-324-9773
EMAIL: sara.miller@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
Date of Birth Month Day Year	Student Number		OEN
Current / Home School (circle one) AAEC BMLSS FFSS GHS HHS HHSS IEW LCVI			Current Grade
Does your child have an Individual Education Plan (IEP) that requires review for this placement? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Parent / Guardian / Emergency Contacts
The information provided to the Home School around Parent / Guardian / Emergency Contacts will be used for Night School Co-op. It is your responsibility to advise the school immediately if you would like to make any changes to contact information.

Medical
Does your child have allergies and/or health conditions that are life-threatening Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

COOP INFORMATION			
Note: Co-op credits are to be tied to a successfully earned credit. Please select one of the options below - Grade 10 Careers or an English - if you select English identify the last English credit earned e.g. ENG2D, ENG3C, etc. If you are working towards a SHSM please identify the completed course code in the third box below. Co-op worksites must also be within the overall TLDSB boundaries.			
Credit Tie-In: (select >)	Grade 10 Careers: GLC2O	English: ENG____	SHSM:
<u>Name of Employer:</u> (Business & Supervisor)			
<u>Location of Worksite:</u> (including address)			

Acknowledgement (Day School, Student and Parent)

Day 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: _____

- I understand that there are three requirements for earning my Night School Co-op Credit: pre-placement assignments (approximately 10 hours), successful completion of 100 hours of work placement and a culminating assignment.

Student's Signature: _____ Date: _____

- I 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.