



TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
OUT OF BOARD STUDENT REGISTRATION
Summer School Co-op 2021-22

Your registration is NOT complete until this **signed** form is received at Lindsay
AAEC. Deadline is **FRIDAY JUNE 17, 2022**

EMAIL: jennifer.barrett@tldsbc.on.ca

FAX: 705-324-9773

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	Does the student have an Individual Education Plan (IEP) that requires review for this placement? Yes <input type="checkbox"/> No <input type="checkbox"/>	OEN
Current / Home School Board		Current Grade
Current / Home School Name and Address		
Parent / Guardian / Emergency Contact		
Name: _____ Relationship: _____		
Phone Number: _____		
Medical		
Does the student 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		
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.		

For Guidance Department Staff to Complete	
Credit Count (please check): <input type="checkbox"/> Single Credit (110 hours) <input type="checkbox"/> Double Credit (220 hours)	
Credit Tie-In (please check): Co-op credits are to be tied to a successfully earned credit. Please select one of the options below. If you select English, identify the last English credit earned (ENG2D, ENG3C, etc.) in the blank.	
<input type="checkbox"/> Grade 10 Careers: GLC20 <input type="checkbox"/> English: ENG ____	
SHSM: If the student is working towards a SHSM please identify the completed course code: _____	

Co-op worksites must also be within the overall TLDSB boundaries.	
<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 Summer School Co-op.	
Counselor's Signature: _____	Date: _____
Principal's Signature: _____	Date: _____
Student Acknowledgement: I understand that there are three requirements for earning my Summer 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: _____
Parent/Guardian Acknowledgement / Approval	
<ul style="list-style-type: none"> • 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.