



**Hamilton-Wentworth District School Board**  
**Canadian Forces Co-op Program**  
**Parent/Guardian and Student Intention Form**

Freedom of Information: Pursuant to subsection 29(2) of The Municipal Freedom of Information and Protection of Privacy Act, the personal information collected for the purposes of the Co-operative Education Program is collected under the authority of the Education Act, and will be used for the ongoing administration of appropriate Co-operative Education placements.

**IMPORTANT INFORMATION:**

Canadian Forces Co-op Program will be held Monday to Friday from 8:00 to 16:00 during second semester of each school year from February to June.

**Please complete this Informed Consent form and return to your Co-op Teacher.**

Once parental consent has been granted for the student to participate in the Canadian Forces Co-op Program, **ALL** communication regarding intake, testing and acceptance to the program will come directly from the Canadian Forces Recruiting Centre. **It is the student's responsibility to relay this information to their parents/guardians and teachers.**

After completing this intention form, complete the online **Canadian Forces Employment Application** to apply for the Canadian Forces Co-op program. Application is found by googling [forces.ca](http://forces.ca)

**School Information**

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ School Phone: \_\_\_\_\_

**Student Information**

Student: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street

City Postal Code Student Cell Phone

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Present Age: \_\_\_\_  
yr mth day

Student E-mail Address: \_\_\_\_\_

Are you a Canadian Citizen? ☐ Yes ☐ No (NOTE: You MUST be a Canadian Citizen to apply)

*Please complete the next page of this intention form with the appropriate signatures.*

# HWDSB

## Parent/Student Acknowledgment and Informed Consent

I have read the **Parent/Student Informed Consent Information**  
and I hereby grant permission for \_\_\_\_\_

Student's Name (please print)

to participate in all aspects of the Co-operative Education program with the Canadian Forces and understand that, in participating in this placement, we are assuming the responsibility of any accident or injury that may occur.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

Dated: \_\_\_\_\_

Electronic copy to: ☐ John Miholics [jmiholic@hwdsb.on.ca](mailto:jmiholic@hwdsb.on.ca)

Copy to: ☐ Student Co-op File

*Applicant must have an alternate timetable for the semester in their home school until final acceptance into the program.*