

HWDSB

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

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.

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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

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.