

CO-OPERATIVE EDUCATION CADET PROGRAM SUMMER SEMESTER 2016 - REGISTRATION FORM

July 4 to August 12, 2016 Registration Deadline is June 30th



A. STUDENT	INFORM			tion Deading		Please Pri	nt Clearly
_	IINFURIV	TATION		C:+ N!		riease Pri	•
Surname				First Name			Initial
Address Civic# and Road/Street Name City and Province Po							Dostal Code
Hanaa Dhana		CIVIC# ar		rovince	Postal Code		
Home Phone Alternate Number							
Date of Birth				_			
	MM	DD	YYYY	☐ Female	☐ Male	Age_	
Student Email Parent/Guardian Email							
B. CO-OPERA							
course must be one	e which yo	u have successfi	ully completed	P credit will be based. F by June 29, 2016. Sumi , the linking course	ner co-operative educa	ation courses may no	
Career Studies - GLC 2O							
Course Month/Year Completed							
Is the student	part of	a SHSM	☐ YES	□ NO	If YES, which	SHSM:	
C. PLACEMEN	-		ATION		-	OURSE STA	AFF
What is your anticipated training centre for your summer placement? Blackdown Cadet Traiing Centre (Blackdown CTC) Connaught National Army Cadet Summer Training Centre (Connaught NACSTC) HMCS Ontario Sea Cadet Summer Training Centre (HMCS ONTARIO) Regional Gliding School (Centre) (RGS(C)) Trenton Air Cadet Summer Training Centre (Trenton ACSTC) Advanced Aviation Technology Courses at Canadore College (AATC - Canadore) Power Pilot Scholarship, Durham Regional Airport Advanced Aerospace Course (AASC), St Jean sur Richelieu D. HOME SCHOOL INFORMATION This opportunity is open to cadets from any School Board within Ontario from Grades 9 to 12 with a minimum of 6 secondary credits							
School Name School Board							
School Addres	SS						
Student OEN#	t (Requi	red)					
Guidance Teacher Signature: Date:							
E. PARENT/GI	JARDIA	N APPROV	AL - If cade	t is under 18 yea	rs of age (PLEAS	E PRINT)	
I approve my chil correct Parent/Guard	•	dant participat	ting in the Sur	mmer Semester Cade	t COOP Program and	d certify that the a	bove information is
		(Please	Print) Su	ırname	First N	lame	Date
Parent/Guardian Signature:					Student Signa	ture:	
F. CO APPROV	/AL						
I certify that this cadet is a member of my unit and is in good standing and on track with level completion							
CO Name and Rank: CO Signature:							
Note:			<u></u>				

- ☐ Registration will not be accepted unless parts A, B, C, D, E, and F are completed
- ☐ Print & complete this form (with signatures) and bring to your Guidance Counsellor for your **OEN**
- ☐ Scan this form and email to: CadetSummerCoop@ucdsb.on.ca