

**NORTH GRENVILLE DISTRICT HIGH SCHOOL  
COOPERATIVE EDUCATION PROGRAM**

**MEMORANDUM OF AGREEMENT**

Semester: \_\_\_\_\_ School Year : \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Health Card Number: \_\_\_\_\_

*In the event of an accident, the following person should be notified:*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**IN COOPERATION WITH:**

Training Organization/Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nature of Placement: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

I have read the "Responsibilities of Cooperative Education Program Participants" and understand the conditions and responsibilities of participation as outlined.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Cooperative Education Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**ELEMENTS AT RISK:** All experiential learning programs, such as field trips, job shadowing and cooperative education involve certain elements of risk. Injuries may occur while participating in these activities without any fault of the student, the school board or the hos employer. By allowing your child to take part in this activity, you are accepting the risk that your child might be injured.

I, \_\_\_\_\_ (Parent/auardian) of \_\_\_\_\_ (Student consent to him/her participating at \_\_\_\_\_ (Workplace) as a cooperative education placement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **RESPONSIBILITIES OF COOPERATIVE EDUCATION PROGRAM PARTICIPANTS**

### **The Student agrees to:**

1. perform duties assigned by the employer and the school with the diligence and care that would be expected of an employee
2. abide by the regulations and policies of the employer and the school
3. attend the work station and classes at the scheduled times
4. notify the employer and the school in advance of any anticipated absence
5. submit time sheets on the following Tuesday following the previous work place
6. The student has the responsibility for arranging for transportation to and from the workplace.
7. The student's position in the program will be under review if the student does not abide by the above expectations.

### **The Employer agrees to:**

8. provide the student with the broadest occupational experience in keeping with the student's Personalized Placement Learning Plan
9. provide the student with appropriate training and supervision
10. assist the student by assessing on-the-job training
11. assist the Cooperative Education Teacher by consulting about any problems that arise or may be foreseen
12. *The employer recognizes that the payment of a salary or hourly wage is not generally acceptable during Cooperative Education hours.*

### **The Cooperative Education Teacher will:**

13. provide instruction as required by the Ministry of Education in *Cooperative Education and Other Forms of Experiential Learning, Policies and Procedures for Ontario Secondary School, 2000*
14. work with the Employer and the Student to achieve a successful Cooperative Education experience
15. ensure that all policies, procedures and regulations relating to the Education Act are followed.

### **The Parent/Guardian agrees to encourage the Student to:**

16. attend the work station at all designated times
17. accept and practise the student responsibilities as listed above

***Upon successful completion of the program, the Student will receive credits towards the Ontario Secondary School Diploma. This is conditional upon successful completion of all work and assignments associated with the Cooperative Education program. The Student is responsible for attendance, travel arrangements, promptness, cooperation with Instructors and Supervisors and all other demands of the job placement.***

