



St. Paul High School

2675 Draper Avenue, Ottawa, Ontario K2H 7A1
Phone: (613) 820-9705 Co-op Office : (613) 820-9500

Co-Operative Education Student Contract Form

This contract is between _____ and _____
(student) (school)

1. I will attend all scheduled classes and submit all required assignments.
2. I will report to my assigned workplace punctually every day between the hours of:
Morning Co-Op: 7:00 am and 11:30am
Afternoon Co-Op: 11:30am and 4:00pm
(Student should average 3 hours a day between these times)
Any adjustment to Co-op hours to accommodate extra-curricular activities and part-time Employment must be cooperatively arranged
3. In the event that I am unable to report to work I will:
 - notify both my supervisor prior to the scheduled start time
 - notify my teacher-monitor by telephone or email the morning of, any day when I will not be able to report to work **(co-op office 820-9500)**
 - have my parent-guardian contact the St. Paul Main office **(820-9705)** to record your absence.
4. I will maintain a log of placement hours and submit in to my teacher-monitor each week. Hours for logs sheets will **NOT** be counted if **NOT** submitted by the Friday of the following week.
5. I must pay the \$10.00 (non refundable) co-op fee. (covers the cost of the co-op poster board and contributes to the co-op employer appreciation gift) and pay **all** student fees (including library fines) **BEFORE** I begin my placement.
6. I will, at all times, act in accordance with the “Code of Student Behaviour” for my school, being aware that I am representing my school at the training organization.
8.
 - i. Students who are absent from their in-school courses could have their hours deducted if they attend their co-op placement for that day.
 - ii. All personal/medical appointments should be made outside of co-op. Any appointments during school should be approved by the co-op supervisor.
9. I will not be late for my in school classes. Co-op Hours should not interfere with in school classes.

10. I am responsible for transportation to and from the placement. It is the recommendation of the Ottawa Catholic School Board that I use public transit and that if I choose to drive a vehicle to my placement, I must be covered by my own insurance. Appropriate Board forms must be completed if driving or riding in a private vehicle. I must declare to the Coop teacher any medical condition that may affect my Coop placement.
11. I may be required to have a medical examination and/or provide medical information to meet placement requirements.
12. Immunization is required for some placements and that I am responsible for this at my own expense.
13. Some placements require a security check, character check, credit check, or other pre-placement screening and that I may be responsible for this at my own expense.
14. Certain placements may require additional specialized application forms and subsequent interviews prior to acceptance.
15. I may have to wear prescribed clothing for my placement (e.g., safety equipment, business attire, nursing smock, lab coat).
16. I must have the Work Education Agreement (Workplace Safety and Insurance Board) signed by all parties before beginning work at the placement. It is my responsibility to obtain approval and signatures of all parties before making any changes to hours.
17. I must observe all health and safety regulations at the placement and contact the placement supervisor and the school the same day in case of accident, even if it does not require medical attention.
18. It is strongly recommended that I purchase Student Accident Insurance.
19. My Coop teacher needs to provide relevant information about me to a prospective supervisor for placement purposes. (IEP with approval.)
20. Theft or vandalism is grounds for termination of my Coop placement and/or removal from the Coop program with loss of credits and possible further action under the law.
21. I must provide my Coop teacher with updated information should there be any change in the data provided by me while I am enrolled in Coop (e.g., change of address, phone, emergency contact information, medical information, mode of transportation).
22. I can be removed from the Coop Program with loss of credits if I am unable to meet program requirements either in school or at the placement. If I drop my related in school course, I must also drop my Coop course.

<p>I _____ (Print Student Name)</p> <p>have read the Cooperative Education Statement of Understanding and agree to its terms as indicated by my signature below:</p> <p>_____ (Student Signature)</p> <p>_____ Date</p> <p>_____ (Parent/Guardian Signature)</p> <p>_____ Date</p>

**COOPERATIVE EDUCATION
STUDENT INSURANCE INFORMATION**

Dear Parent/Guardian:

Students registered in the Cooperative Education Program at St. Paul High School are covered by the following insurance:

- your family's Ontario Health Insurance Plan
- Workers' Compensation Board coverage for injury while at the training station. The Ministry of Education provides this to students who are not being paid. This does not apply if the student is placed in a school supervised by a qualified teacher.

Employer's Property is covered by:

Ottawa Catholic School Board liability insurance against accidental damage caused by a student.

- Parents/Guardians are encouraged to purchase additional accident insurance on an individual basis. Student Accident Insurance forms are available through the homeroom teacher and/or the Co-op office.

Your signature below indicates your awareness of this policy.

Parent/Guardian

COOPERATIVE EDUCATION TRANSPORTATION POLICY

Dear Parent/Guardian:

- The regular school board transportation policy will apply to all students registered in the St. Paul High School Cooperative Education Program. Your son/daughter is not entitled to an O.C. Transpo bus pass, students are responsible for the cost of transportation.
- Your son/daughter may use a parent owned or student-owned vehicle for transportation if you grant prior approval. There is no school board insurance extended to these vehicles or drivers.
- Students at St. Paul High School are not permitted to drive company owned vehicles.

- Your son/daughter must not transport other students unless you, the Coop teacher, and the parent or guardian of the other student has granted prior approval.

Your signature indicates your awareness of this policy.

Parent/Guardian

Please check X method of transportation

O.C. Transpo _____

Private vehicle _____

Bus/car on occasion _____

Memorandum of Agreement Driving a Personal Vehicle

Dear Parent/Guardian:

Please be aware of the following information:

- No school board liability coverage is available for a student driving a personal vehicle to and from the work site.

If you wish that your child drive a family/personally owned vehicle to and from the work placement, please note the following:

- The student must have a valid driver's license.
- The student must have appropriate insurance coverage.
- The student must not transport other students.
- The student is responsible for parking fees.

Your signature indicates permission for _____ to use his/her automobile as transportation to and from the work place and free the Ottawa Catholic School Board of any liability.

Parent/Guardian

Date _____

Student

Date _____

Coop Teacher/Monitor

Date _____

**COOPERATIVE EDUCATION
CONFIDENTIALITY STATEMENT**

I, the undersigned, promise to hold in confidence all matters that come to my attention as a Cooperative Education Student at

Name of Training Organization

This includes:

- material from and about clients
- matters regarding colleagues
- confidential information regarding the organization.

As well, I will respect the privacy of people with whom I serve and confer appropriately with my supervisors.

I understand that I am required to act in a responsible manner with regard to any information gained during my educational experience throughout my Cooperative education placement.

I further understand that a breach of confidentiality on my part will seriously compromise my standing as a student in this program.

Signed: _____
Student's Signature

Date: _____ **School:** _____

Signature of Coop Advisor: _____

Signature of Training Supervisor: _____