



Summer School Cooperative Education ACKNOWLEDGEMENT and PERMISSION TO PUBLISH FORM

*****Students need to submit this completed and signed form with their Summer Cooperative Education Application*****

This form must be completed and signed for all students who are applying for Summer School Cooperative Education.

Note: *If **student under 18 years of age** this form must also be signed by the student's Parent / Guardian.*

Student Name		Date of Birth (YY/MM/DD)	
School		Grade	

Please sign and date both section #1 Acknowledgement and section #2 Permission to Publish

1. STUDENT/PARENT ACKNOWLEDGEMENT

I fully acknowledge that in order to maintain a commitment to the two-credit cooperative education course with an on-line learning component, I will need to log on during each of the scheduled course dates and be prepared to review announcements and content, in addition to completing assignments, receiving teacher feedback, as well as be able to keep up with the course material and meet due dates. This may require an average of 4 to 6 hours per day. I understand I must attend a **Mandatory Online Orientation Session on Saturday May 28, 2022.**

Student schedules will also vary during the month of July when a time commitment will need to be considered to accommodate a workplace related experience that may include an on-site or on-line opportunity to explore career related interests.

Note: This model of learning will provide you with the most flexibility regarding when you choose to log on to the on-line course, but if you are unable to maintain your commitment to the course on a daily basis, you will risk being removed from the course.

All applications will be reviewed and if there is a need for further information regarding suitability and readiness for coop at this time, you will be contacted by the Summer Coop Coordinator.

To be signed by Parent/Guardian (if student under age 18) OR signed by Student (if age 18 or older):

_____ Student Signature _____ Date (YY/MM/DD)

_____ Parent/Guardian (Print Name) _____ Parent/Guardian Signature _____ Date (YY/MM/DD)

2. PERMISSION TO PUBLISH PHOTOGRAPHS and VIDEO/AUDIO RECORDINGS

Occasionally, school events are photographed or recorded by the school or board staff to promote school programs and school activities. Your permission to photograph or record the above named student and to use their name for TVDSB use in print and digital media, including TVDSB websites and social media channels is requested below.

I give permission as follows: **(please check YES or NO for each item)**

- YES NO Post identifiable photographs or recordings of the above named student and/or their full name on school or board websites, newsletters and/or social media sites (including Twitter, Facebook, YouTube, and Flickr) as a way of promoting school programs and school activities.
- YES NO Allow the media to interview or capture identifiable photos or recordings of the above named student for the purpose of promoting school programs and school activities.

To be signed by Parent/Guardian (if student under age 18) OR signed by Student (if age 18 or older):

_____ **Print Name:** Parent/Guardian or Student age 18 or older _____ **Signature:** Parent/Guardian or Student age 18 or older _____ **Date (YY/MM/DD)**