
Work – Education Agreement for School Placements

1. Student Name: _____ Telephone: _____

Home Address: _____

Related Subject: _____

School: _____ Co-op Teacher: _____

2. Placement: _____

Address: _____ Telephone: _____

Name of Supervisor (coach, instructor): _____

3. Placement Times: _____

The student shall attend from: _____
(starting date)

To: _____
(ending date)

On the following days of the week _____

4. While at the placement described above, the student is not covered by the Workplace Safety and Insurance Board. Parents/Guardians may wish to purchase Student Accident Insurance or private insurance for the duration of the placement.

Signatures:

Student: _____

Supervisor: _____

Parent/Guardian: _____

Co-operative Education Teacher: _____

(to be filled out by the Co-operative Education teacher and retained for 12 months from end of co-op placement)