

Work – Education Agreement for School Placements		
1.	Student Name:	Telephone:
	Home Address:	
	School:	Co-op Teacher:
2.	Placement:	
		Telephone:
	Name of Supervisor (coacl	h, instructor):
3.	Placement Times:	
The	e student shall attend from:	(starting date)
То	:	(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)