

Work Education Agreement

The information on this form will be used to maintain the employment record of the training participant and is collected as an agreement between the school, the student and the Workplace.

School Board Independent	Date Completed <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">Year</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">Month</td> <td style="width: 33%; text-align: center; border-bottom: 1px solid black;">Day</td> </tr> </table>	Year	Month	Day
Year	Month	Day		

A) Parties to the Agreement

1. Student						
Name of Student	Date of Birth	Year	Month	Day	Age	Sex
Student Address						
Number	Street	Apartment	P.O. Box	City	Postal Code	
Student Telephone Number	Related Course					
2. Placement						
Name of Placement	Name of Placement Supervisor					
Placement Address						
Number	Street	Apartment	P.O. Box	City	Postal Code	
Placement Telephone Number						
3. School						
Name of School	Name of Teacher Contact					
LDCSS	Eric Lammers					
School Address						
24	Braesyde Ave	LONDON	ON			
Number	Street	Apartment	P.O. Box	City	Postal Code	
School Telephone Number						
519-455-4360						

B) Time at Placement

1. The student shall, from February, 2012 to June, 2012 faithfully, honestly and diligently perform the duties of a trainee at the placement as _____ .
_____ and devote his/her whole time and attention to such placement.
2. The normal hours at the placement will be from _____ to _____ .

C) Workplace Safety and Insurance Information

Insurance and Coverage will be provided at the training station by the Christian Schools International Insurance plan through American Home Assurance Company.



D) Signatures of Parties to the Agreement

Student	Parent
Supervisor	Teacher