

Central Okanagan Public School
**DUAL CREDIT PROGRAMS –
TECHNOLOGY SAMPLER**
Explore Technology

STUDENT NAME: _____

SCHOOL: _____ CURRENT GRADE: _____

PROGRAM: **TECHNOLOGY SAMPLER**

START DATE: September 2025 or February 2026 *(circle if you have a preference)*

LOCATION: **Okanagan College – Kelowna Campus, 1000 KLO Road**

STUDENTS: Please acknowledge by signing below that you filled out the application (not a parent/guardian) and understand the acceptance criteria is based on the following: application questions, interest in the field, teacher recommendation, and readiness to take an evening class at OC. Due to the volume, applications will also be date-stamped

Student Signature: _____

Use the checklist to ensure your application is "complete" before submitting it to your high school Career Centre*:

- ☐ Central Okanagan Public Schools Application Form
- ☐ OC Consent to Release Information
- ☐ Application Questions - Clear and concise responses to the questions
- ☐ Teacher Recommendation
- ☐ IEP - Attach IEP if you have one

*If you are in Grade 9 at Knox, KLO or GMS, submit your completed applications to careerlife.programs@sd23.bc.ca.

Accepted applicants will be required to submit a \$50 non-refundable deposit for the program upon acceptance to confirm their seat in the program.

CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

PLEASE PRINT CLEARLY

Name _____
Last Name First Name Middle Name

Address _____ City _____

Home Phone _____ Student Cell _____ Postal Code _____

Date of Birth (mm/dd/yyyy) _____ SIN _____

Canadian Citizen* ☐ Yes ☐ No Permanent Resident ☐ Yes

**Students must be a Canadian Citizen or Permanent Resident to earn the 2/4 credits. SIN must be provided.*

Student email address: _____

NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (USE GMAIL, HOTMAIL, ICLOUD ETC.) Students accepted into the program will be communicated with directly by Okanagan College (parent emails will not be included). Students must check their email inbox regularly for updates and information.

Parent / Guardian Contact _____

Parent/Guardian email address: _____

Home Phone _____ Work/Cell _____

Emergency Contact Person _____

Home Phone _____ Work/Cell _____

Are you currently on an IEP or Learning Plan? ☐ No ☐ Yes If yes, please specify which one:

☐ IEP ☐ Learning Plan ☐ Behavior Support Plan

***Please include with application.

I/We certify the information given in this application is true and complete to the best of my knowledge and understand that, if selected for a Dual Credit Program, falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application. I allow SD23 Career-Life Programs to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow sd23 Career-Life Programs to use any work or school related picture of myself for the purpose of promotion and communication of the program.

Students must follow Okanagan College's Health & Safety Protocols.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account.

STUDENT PROFILE

Legal Last Name: _____ Legal First Name: _____

OC Student ID: _____ N/A _____ Date of Birth (dd/mm/yy): _____

Add Release (only one person per release)

Name (First and Last): _____ **Central Okanagan Public Schools - Career Life Programs**

Relationship to you:

☐ Citizenship & Immigration Canada

☐ Friend

☒ School District

☐ Other: _____

☐ Employer

☐ Lawyer

☐ Sponsor

☐ Family

☐ Parent

☐ Spouse

Note: Select "All" and enter the effective dates to consent all of the items to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

Effective Dates (maximum of 2 years): From: _____ To: _____
(today's date) (two years from today's date)

INFORMATION TO RELEASE

☒ All current information listed below

☐ Name

☐ Address

☐ Phone

☐ Email

☐ Status of application *Application decision, outstanding items and deadlines*

☐ Transcript of academic record and confirmation of enrolment *Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID*

☐ Media information *All images and sound recordings in any media for any purpose*

☐ Other: _____

You may rescind or amend this authorization in writing or in your myOkanagan account at any time.

Signature: _____ Date: _____



APPLICATION QUESTIONS

Please print clearly:

Why do you consider yourself a good candidate for the Technology Sampler program? Please discuss any interests, values, and/or skills that you feel will help you succeed in the program.

What do you hope to learn or accomplish by taking the Technology Sampler program?

What is your transportation plan for attending two evenings per week? The program is located at Okanagan College – Kelowna campus.

TEACHER RECOMMENDATION

A teacher related to the program of study (Computer, Math, Science, etc.) should complete the teacher recommendation.

The information on this recommendation will be used to determine candidates for Central Okanagan Public Schools Dual Credit Programs.

Student Name: _____

Teacher: _____ **Class:** _____

School: _____ **Teacher Email:** _____

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
1. Attendance/Punctuality Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Ethic and Attitude Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Shows Initiative Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to verbally communicate with others Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative/Motivation Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ability to follow rules/structure Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Comments: _____				

Teacher Signature: _____ **Date:** _____