

DUAL CREDIT APPLICATION

HEALTH & SOCIAL DEVELOPMENT

STUDENT NAME: _____

SCHOOL: _____ Current Grade: _____

PROGRAM: **Please indicate which program** _____

PROGRAM START DATE: Month: _____ Year: _____

HEALTH AND SOCIAL DEVELOPMENT (Grade 12 students only)

Dental Office Administrative Assistant (Sept or Jan start)

Early Childhood Education (Sept start)

Education Assistant (Sept start)

Health Care Assistant (Sept or March start)

Medical Device Reprocessing Technician (May start)

Medical Office Assistant (Sept or Jan start)

Nursing Unit Assistant (Sept start)

PNUR 113 (Practical Nursing) (Sept, Jan or May start)

Use the checklist below to ensure your application is "**complete**" before handing it into the Career Centre.

- 1. Central Okanagan Public Schools **Application Form**
- 2. Attendance report
- 3. Completed and signed **Transition Plan**
- 4. High School **Transcript (DVR)** (provided by Career Counselling Centre)
- 5. **Teacher Recommendation Form**
- 6. **For the programs that require a Program Shadow please attach completed documents.**

DUAL CREDIT PROGRAM CHECKLIST

GETTING STARTED

- Students/parents meet with their school Career Coordinator/counsellor to review program options.
- Students should not be taking a post-secondary program unless they have met the prerequisites and are prepared to attend all classes and complete all course work.
- Careful consideration should be exercised when deciding on enrolling in post-secondary courses. College courses will be permanently recorded on your post-secondary file.
- Withdrawal process: If you are not able to complete the program you may withdraw without academic penalty as per Okanagan College's policy. See <http://www.okanagan.bc.ca/>.

HOW TO APPLY:

- Students are to return the completed application package to their school career coordinator/counsellor.
- Students must attend "**Student for a Day**" for the programs that have it available.
- **Please ✓ which program you are applying to below**

✓	For schools only:
<input type="checkbox"/>	Dental Office Administrative Assistant
<input type="checkbox"/>	Early Childhood Education (attend student for the day)
<input type="checkbox"/>	Education Assistant Certificate
<input type="checkbox"/>	Health Care Assistant (attend student for the day)
<input type="checkbox"/>	Medical Device Reprocessing Technician
<input type="checkbox"/>	Medical Office Assistant
<input type="checkbox"/>	Nursing Unit Assistant
<input type="checkbox"/>	PNUR 113 (Practical Nursing pre-requisite)

NOTES:

- Incomplete applications will delay registration.
- Only Tuition fees will be paid by SD No. 23. You are responsible for books/supplies and ancillary fees.
- A Criminal Record Check will be distributed in class at the start of your 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 * _____

Are you of Indigenous Heritage? Yes No

Canadian Citizen* Yes No Permanent Resident Yes

Student email address: (most used) * _____
NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (USE GMAIL, HOTMAIL, ICOUD ETC.)

Parent email address: * _____

Parent / Guardian Contact * _____

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 Behaviour Support Plan

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 the Dual Credit Department to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow the Dual Credit Programs Department to use any work or school related picture of myself for the purpose of promotion and communication of the program.

Parental Note: Some of the content of the program may be adult oriented. By signing this form, you are acknowledging that you are aware that some of the content in the program is mature in its nature and you are granting your child permission to fully participate in all aspects of the program.

Criminal Record Search: Where applicable, applicants must complete an RCMP criminal records check to ensure suitability in working with a vulnerable sector. By signing this form, parents/guardians are agreeing to allow their student to complete the criminal record search at the student's cost, prior to acceptance into the program. Students must submit the CRC on their own – do not return to school.

Student Signature _____ Date _____

Parent/Guardian (print name) _____

Parent/Guardian Signature _____ Date _____

All signatures must be in place before application is accepted.

TEACHER RECOMMENDATION

A teacher related to the program the student is applying for should complete the Teacher Recommendation. The information on this recommendation will be used to determine candidates for the Central Okanagan Public Schools Dual Credit Programs. A quality response to the general comments section is also important.

Student Name: _____

Teacher: _____ **Class:** _____

School: _____ **Teacher Phone #:** _____

	<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 Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mechanical Ability in Field 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. Interpersonal Skills/Citizenship Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Comments: _____				

Teacher Signature: _____

Date: _____

DUAL CREDIT TRANSITION PLAN

Date: _____

Last Name: _____ First Name: _____

School: Central GESS KSS MBSS OKM RSS
(circle one)

☞ **Make an appointment with your Career Coordinator/Counsellor to develop an Education/Transition Plan.**

1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. *(Students must graduate when they complete their Dual Credit program.)*
2. Attach DVR

REQUIRED COURSES <i>(52 credits)</i>				ELECTIVE COURSES <i>(28 credits)</i>	
Course	Credits	Course	Credits	Students can choose to complete elective courses through a Dual Credit Program. Select one below	
English 10	4	English 11	4	Transition Pathway	
Fine Arts 10	4	Social Studies 11,	4	<input type="checkbox"/> Business	<input type="checkbox"/> Health
Science 10	4	Science 11 or 12	4	<input type="checkbox"/> Technology	<input type="checkbox"/> Science
Math 10	4	Math 11 or 12	4	<input type="checkbox"/> Communications	<input type="checkbox"/> Trades
Social Studies 10	4	English 12	4	<input type="checkbox"/> Other	
PE 10	4	Career Life Connections 12	4	Specify Pathway:	
Career Life Education 10	4	Indigenous Credit	4		

Grade 11		Grade 12		POST-SECONDARY
<i>Sem 1</i>	<i>Sem 2</i>	<i>Sem 1</i>	<i>Sem 2</i>	<i>(Transition Program/Course(s))</i>
Total Credits:		Total Credits:		Total Credits:
		Predicted Graduation Date		

Student Signature

Parent/Guardian Signature

Career Coordinator/Counsellor Signature