



Central Okanagan Public Schools

# DUAL CREDIT APPLICATION

EXPLORE TECHNOLOGY

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Current Grade: \_\_\_\_\_

PROGRAM: **VIDEO GAME PROTOTYPING MICRO-CREDENTIAL**

PROGRAM START DATE: Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

- 1. Central Okanagan Public Schools **Application Form**
- 3. **Attendance Report**
- 4. **Application Questions** – Clear and concise responses to the questions
- 5. **Teacher Recommendation**
- 6. **IEP & Learning Plan** – Attach only if you have one
- 7. Program Shadow – **NOT REQUIRED**

Students shall receive 12 elective credits towards graduation for the successful completion of the sampler programs.

# CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

**PLEASE PRINT**

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:\* \_\_\_\_\_  
NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (USE GMAIL, HOTMAIL, ICLOUD 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 Programs 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.

Student Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

Parent/Guardian Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

**All signatures** must be in place before application is accepted.

# APPLICATION QUESTIONS

## PLEASE PRINT

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

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2. What do you hope to learn or accomplish by taking the VGP Program?

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3. What is your transportation plan? The program includes classes at Okanagan College, Kelowna Campus.

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# 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:** \_\_\_\_\_