



Central Okanagan  
Public Schools  
Together We Learn

Central Okanagan Public School

## DUAL CREDIT PROGRAMS – COLLEGE FOR ARTS AND TECHNOLOGY

Explore Technology and the Arts

- ✓ Please choose which course: ☐ VetEssentials
- ☐ DesignXcel: Interior Design Sampler ☐ SoundStart: Audio Engineering Sampler

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

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

LOCATION: College for Arts and Technology, 100-1632 Dickson Avenue

START DATE: Semester 2 - February 2026 \_\_\_\_\_

### GETTING STARTED:

- Students must be prepared to attend all classes and complete all course work.
- Students must complete a Program Shadow at CAT before final acceptance into the program.
- Students are to return the completed application package to their school career coordinator/counsellor.
- Students are accepted based on aptitude/interest in the program, application package, teacher recommendations, and the student's readiness for an adult learning program.

### APPLICATION SUBMISSION:

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

- ☐ Central Okanagan Public Schools Application Form
- ☐ CAT Consent to Release Information
- ☐ Application Questions - Clear and concise responses to the questions
- ☐ Teacher Recommendation
- ☐ High School Transcript (DVR) \*School to print.
- ☐ IEP - Attach IEP if you have one

### NOTES:

- Tuition fees only will be paid by SD23.
- Accepted applications will be required to submit a \$100 non-refundable deposit for the program upon acceptance to confirm their seat in the program.
- You are responsible for books/supplies and ancillary fees. DesignXcel is expected to be approximately \$150 for supplies.

# 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 the College for Arts and Technology (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.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONSENT TO RELEASE INFORMATION

contained in student academic records

In order to comply with privacy legislation and the College of Arts and Technology policy, any student who wishes the College to release their information to a third party must complete and sign this form.

### 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 at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## APPLICATION QUESTIONS

**Please print clearly:**

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

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What do you hope to learn or accomplish by taking this course?

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What is your transportation plan for attending two evenings per week? The program is located at the College for Arts and Technology, 100-1632 Dickson Avenue, Kelowna.

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## TEACHER RECOMMENDATION

*A teacher related to the program of study the student is applying for 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<br>Comments: _____                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Work Ethic and Attitude<br>Comments: _____                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Shows Initiative<br>Comments: _____                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ability to verbally communicate with others<br>Comments: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Initiative/Motivation<br>Comments: _____                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ability to follow rules/structure<br>Comments: _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. General Comments: _____  |                          |                          |                          |                          |

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_