

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. Okanagan College **Application**
- ☐ 3. Okanagan College **Consent to Release Information form**
- ☐ 4. Completed and signed **Responsibility Agreement**
- ☐ 5. Completed and signed **Transition Plan**
- ☐ 6. High School **Transcript (DVR)** (provided by Career Counselling Centre)
- ☐ 7. **Teacher Recommendation Form**
- ☐ 8. **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, 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 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.



APPLICATION FORM

CONCURRENT ENROLMENT

FOR OFFICE
USE ONLY

[] Non-refundable \$30 fee paid.

[] Not applicable

DATE/TIME:

INITIALS:

Program Name

- ☐ Associate of Arts
☐ Associate of Science
☐ Business

Other: _____

Campus

- ☐ Vernon
☐ Kelowna
☐ Penticton

Term

- ☐ Fall (September)
☐ Winter (January)
☐ Summer Session I (May)
☐ Summer Session II (July)
☐ Other: _____ (e.g. Nov, Mar)

Current High School Attended	City/Province	From Year/Month	To Year/Month	Currently Attending	Grade/Year Completed

Personal Information—Please Print Clearly

Legal Last or Family Name		First Name		Middle Name(s)	
Preferred First Name		Previous (Maiden) Name (if applicable)		Okanagan College ID (if known)	
PEN (if known)		Permanent Address			
City/Town		Province/State and Country			
Postal Code/Zip Code		E-mail Address			
(Okanagan College uses email to communicate with all applicants. Please ensure you have entered your email address correctly. It is your responsibility to provide the College with your current email so we can communicate important information to you)					
Gender		Date of Birth			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available		day month year			
Country of Citizenship		Official Status in Canada			
		<input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Canadian Citizen			
		<input type="checkbox"/> Current, valid Study Permit <input type="checkbox"/> Visitor			
		<input type="checkbox"/> None of the above			
Telephone - Primary		Telephone - Alternate			
Emergency Contact Name (Please note, the emergency contact is not granted a release of information unless specified in the students myOkanagan account.)					
Emergency Contact Telephone - Primary		Emergency Contact Telephone - Alternate			

1) Is your educational goal to complete an entire program of study (any length) at Okanagan College?

(Degree, Diploma etc.)

☐ Yes ☐ No

2) If you answered “No” to question 1, what is your educational goal at Okanagan College?

- ☐ Study for two years at Okanagan College
- ☐ Take a few courses at Okanagan College
- ☐ Study for one year at Okanagan College
- ☐ I haven't decided yet
- ☐ Other _____

3) After achieving your educational goal, what do you intend to do next?

- ☐ Enter or re-join the workforce
- ☐ Transfer to another college, university or institute
- ☐ Nothing in particular - I'm here for general interest
- ☐ I haven't decided yet
- ☐ Other _____

Voluntary Disclosure

Do you identify yourself as an Aboriginal person, that is, First Nations, Métis, or Inuit?

☐ Yes ☐ No

If you answered “Yes”, please indicate if you are:

☐ First Nations ☐ Métis ☐ Inuit

Do you identify yourself as a first generation student, that is, neither of your parents attended a post-secondary institution (college or university) in Canada?

☐ Yes ☐ No

Personal Information

Okanagan College is a public body governed by the *Freedom of Information and Protection of Privacy Act* (FIPPA), which permits us to collect, use and share your personal information only for authorized purposes. We collect, use and share personal information that relates directly to and is necessary for Okanagan College's programs and activities. The information on this form is collected under the authority of the FIPPA, the *College and Institute Act* and from other government agencies. The information will be used for the purposes of admission and registration. If admitted, your personal information is used and shared for a variety of purposes consistent with our mandate. Your information may be shared with the students' association, the alumni association and the Okanagan College Foundation for purposes such as provision of student services; alumni development; recognition of academic excellence, convocation program and donor awards. Information may also be used for research purposes but in those cases, individual identities will not be disclosed. Additional information may be found in our “Protection of Privacy Policy” on the Okanagan College website. Questions about the collection, use and sharing of your personal information may be directed to the Registrar.

Under the FIPPA, staff may not release personal information such as your student record or registration to anyone other than you without your consent. We must, therefore, deal directly with you on all inquiries, transactions or appeals. If, for any reason, you need a parent or other person to act on your behalf, and wish to give them full authority to do so, you must provide Okanagan College with your written consent authorizing the release of your personal information to that person by completing a “Consent to Release Information” form which can be found in your myOkanagan account at <http://myokanagan.bc.ca>.

Communication: Communications from the College will be by email in most cases. Other important information and policies can be found on the College website. Please notify the College of any change to your email address. Please refer to the “Electronic Communication for Students and Applicants Policy” in the Calendar for details: www.okanagan.bc.ca/calendar.

Declaration and Consent: I certify that the information contained herein and that all statements made in connection with this application are true, correct and complete. I understand that any misrepresentation, incomplete disclosure or falsified information on this application may result in the cancellation of my admission or registration status. I consent for the College to collect and use my personal information. I agree that Okanagan College may verify the information provided by contacting any secondary or post-secondary institutions. I authorize Okanagan College to access Okanagan University College (OUC) records in the event I previously attended OUC. I understand and agree that my admission will not be final until my file is complete and I have satisfied all document and other requirements by Okanagan College. I authorize the posting of my grades where such posting identifies me only by my personal OC student ID number.

I understand and agree to abide by the rules, regulations and policies of Okanagan College as outlined in the Calendar and on the Okanagan College website, as amended, while I am a student at Okanagan College. In the event there is a conflict between verbal advice and Okanagan College's official Calendar, regulations and policies, I will rely on the official version only.

I agree to pay all tuition, fees and charges to Okanagan College within the payment deadlines posted by the College.

Applicant's 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.
Note: Many departments have their own release of information forms; for example, Disability Services and Counselling. Please contact them directly for a release 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 – Dual Credit 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

<input checked="" type="checkbox"/> All current information listed below	<input type="checkbox"/> Status of application <i>Application decision, outstanding items and deadlines</i>
<input type="checkbox"/> Name	<input type="checkbox"/> Financial information <i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i>
<input type="checkbox"/> Address	<input type="checkbox"/> Transcript of academic record and confirmation of enrolment <i>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</i>
<input type="checkbox"/> Phone	<input type="checkbox"/> Media information <i>All images and sound recordings in any media for any purpose</i>
<input type="checkbox"/> Email	<input type="checkbox"/> Other: _____

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

Signature: _____ Date: _____

✍ Submit the completed form with an original signature to the Registrar



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:** _____

RESPONSIBILITY AGREEMENT

High School/School District/Okanagan College Responsibilities

We will:

- provide Okanagan College tuition funding only for approved programs.
- inform you of the program prerequisites and requirements.
- help you create a transition plan that helps you navigate high school graduation and transition into post-secondary.
- work with Okanagan College admissions to ensure you are enrolled in your program of choice.
- assist you with the identification of student support services as needed (assessment, learning skills, math & English upgrading, disability services, etc.)
- liaise with your parents, high school teachers, and Okanagan College instructors regarding your participation in the program.
- report post-secondary marks for your high school transcript.

STUDENT RESPONSIBILITIES

As a SD No. 23 Dual Credit student I agree to:

- ☐ Ensure that I meet with my counsellor and career program coordinator to plan my high school timetable and transition plan to ensure I have all the prerequisites and grad requirements.
- ☐ Submit a completed application package to my school's career center and pay any applicable application/requisite fees to Okanagan College.
- ☐ Communicate with Okanagan College admissions to ensure all prerequisites and payments are made on time.
- ☐ Pay all required fees for student ancillary fees and textbooks/supplies.
- ☐ Be prepared to fully commit to the rigors of post-secondary school and agree to match course hours with home study.
- ☐ Contact my instructor if I will be late or absent. Daily attendance and punctuality are required at the post-secondary level. Failure to attend daily, and on-time may result in removal from the program without any refund.
- ☐ Inform Okanagan College, your parents, and your home school (counsellor and career coordinator) if you withdraw from the program. Remember withdrawing from the program may affect your permanent post-secondary record.
- ☐ Follow the Okanagan College General Academic Regulations and Policies regarding student conduct, withdrawal, etc. (<http://webapps-5.okanagan.bc.ca/ok/Calendar/GeneralAcademicRegulationsandPolicies>)
- ☐ I will continue to respect the School District No. 23 student code of conduct regardless of program location.

Student Name (print) _____ **Date** _____

Student Signature _____ **High School** _____

Parent/Guardian Name (print) _____ **Parent/Guardian Signature** _____

Career Coordinator Name (print) _____

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 (52 credits)				ELECTIVE COURSES (28 credits)	
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
Sem 1	Sem 2	Sem 1	Sem 2	(Transition Program/Course(s))
Total Credits:		Total Credits:		Total Credits:
		Predicted Graduation Date		

Student Signature

Parent/Guardian Signature

Career Coordinator/Counsellor Signature