

DUAL CREDIT APPLICATION

EXPLORE THE TRADES

STUDENT NAME: _____

SCHOOL: _____ Current Grade: _____

PROGRAM: Please indicate which program _____

PROGRAM START DATE: Month: _____ Year: _____

TRADE SAMPLERS (Grades 10 – 12)

CONSTRUCTION Sampler

Carpentry
Electrical
Plumbing & Piping
Sheet Metal
Welding

MOTIVE Sampler

Aircraft maintenance
Autobody Collision Repair
Automotive Refinisher
Automotive Service Tech
Heavy Mechanical
Recreational Vehicle Service

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. **Skilled Trades BC Youth Explore Program Registration Form**
- ☐ 3. **Okanagan College Consent to Release Information form**
- ☐ 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 up to 12 elective credits towards graduation for the successful completion of the sampler programs.

Accepted applications will be required to submit a \$100 non-refundable deposit for the program upon acceptance to confirm their seat in the program. This goes towards the program fee of \$200. Final payment of \$100 will be collected once the program has started.

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

If you have access to an employer in your **area of study**, please list the following:

Name of Employer/Contact _____

Company _____

Phone # _____

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.

YOUTH EXPLORE PROGRAM STREAM REGISTRATION FORM

Please complete and return this form to your district career coordinator. All mandatory fields must be completed.

*Mandatory Fields

A. STUDENT INFORMATION

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Primary Phone Number: ()	Secondary Phone Number: ()	*Email Address:
Do you agree to receiving updates via SMS to your primary phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Do you identify yourself as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. PARENT/GUARDIAN'S INFORMATION

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

- I am the ☐ custodial parent ☐ legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to SkilledTradesBC for the purpose of registering the student with SkilledTradesBC in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Parent/Guardian's Signature:	Date (MM/DD/YYYY):
SD/Independent Board Authority Contact's Signature:	Date (MM/DD/YYYY):

C. PROGRAM INFORMATION (TO BE COMPLETED BY SCHOOL DISTRICT/INDEPENDENT BOARD AUTHORITY)

Program Type (Select one): Youth Explore Trades Skills Youth Explore Trades Sampler <input type="checkbox"/>	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
Partnering Training Provider for Youth Explore Trades Sampler:		

APPLICATION QUESTIONS

PLEASE PRINT

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

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

3. What is your transportation plan? The **CONSTRUCTION** Program is located in the Quigley Elementary School Annex (775 Graham Road, Kelowna) The **MOTIVE** and **CULINARY** Program is located at Okanagan College (1000 KLO Rd, Kelowna)

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:** _____

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"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Status of application <i>Application decision, outstanding items and deadlines</i> <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"/> 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"/> Media information <i>All images and sound recordings in any media for any purpose</i> <input type="checkbox"/> Other: _____ _____
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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