

Central Okanagan Public Schools

DUAL CREDIT APPLICATION

EXPLORE TECHNOLOGY

6 -1		
STU	JDEN	IT NAME:
SCF	100	L: Current Grade:
PRO)GR	AM: Computer Information Systems Administration
PRO)GR/	AM START DATE: Month: January Year:
		COMPUTER INFORMATION SYSTEMS ADMINSTRATION (CISA)
		checklist below to ensure your application is " complete " before handing it into the Centre.
	1.	Central Okanagan Public Schools Application
	2.	Job Profile Research Project
	3.	Program Shadow
	4.	Teacher recommendation (teacher should be from a related program)
	5.	Attendance record (Career Centre will provide)
	6.	Copy of student Transcript or DVR (Career Centre will provide)
	7.	Transition Plan – signed by parents and student



CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

PLEASE PRINT CLEARLY

*Please complete					
Name*					
Last Name	First Name		Middle Name		
Address*	Ci	ty*			
Home Phone*Student Cell		Postal C	ode*		
Date of Birth (mm/dd/yyyy)*	SIN*	•			
Are you of Indigenous Heritage?* □Yes □No					
Canadian Citizen* □Yes □No Permanent Re	esident □Yes				
Student email address:*					
NOT SD23 SCHOOL EMAIL	•		,		
Parent email address:*					
Parent / Guardian Contact*					
Home Phone *Work/Cell*					
Emergency Contact Person					
Home Phone	Work/Cel	I			
*Are you currently on an IEP or Learning Plan? □	lNo □Yes	If yes, please sp	pecify which one:		
	□ IEP	☐ Learning Plan	☐ Behaviour Support Plan		
I/We certify the information given in this application is true and Credit Program, falsified statements may be reason for removal. in this application. I allow the Dual Credit Programs Department to my selected field of study. I allow the Dual Credit Programs promotion and communication of the program.	I authorize investigate to communicate to a	ation of all statements co all Post-Secondary Insti-	ontained herein and the references listed tutions for educational purposes relating		
Student Signature*		Date*			
Parent/Guardian Signature*		Date*			

JOB PROFILE RESEARCH PROJECT

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

RESEARCH through either the <u>internet</u>, a <u>tradesperson</u> or <u>instructor</u> of a Dual Credit Program.

- www.workbc.ca/jobs-career.aspx
- <u>www.bcit.ca</u>
- <u>www.okanagan.bc.ca</u>

1.	Describe your Dual CreditProgram:
2.	What are some of your job duties and responsibilities in this occupation?
3.	Schools in BC that offer a program similar to CISA or further education.
4.	Salary Expected: (indicate the source where you found the expected wage).
5.	Based on your research, are there any workshops, high school courses, or certificate courses that are regarded as being useful to have, in looking for employment in this career? (i.e.: WHMIS, First Aid, Work Safe, Food Safe, Serving it Right, CISCO, STARetc.)

DUAL CREDIT PROGRAM SHADOW

Provide thoughtful and insightful responses to each question. Answers to these questions will help determine a student's commitment and readiness to start a Dual Credit Program.

What did you do on your Program Shadow?
What did you enjoy the most?
What did you enjoy the least?
What are some of the safety factors associated with this occupation?
What are some things you found out about this occupation that you did not know before?
Based on your research and Program Shadoware you still interested in this occupation/career? Why?

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.

Stı	Student Name:							
Te	acher:	c						
Scl	hool:	т	Teacher Phone #:					
		Excellent	Good	Fair	Needs Improvement			
1.	Attendance/Punctuality				· 🗖			
	Comments:							
2.	Work Ethic							
	Comments:							
3.	Attitude							
	Comments:							
4.	Mechanical Ability in Field							
	Comments:							
5.	Initiative/Motivation							
	Comments:							
6.	Interpersonal Skills/Citizenship							
	Comments:							
7.	General Comments:							
	Teacher Signature:		Date	e:				

DUAL CREDIT TRANSITION PLAN

Date:								
ast Name:			Fi	rst Name: _				
School: Central GESS (circle one)		KS	SS M	BSS	OKM	RSS	RSS	
Make an appointment Education/Transition 1. Courses selected timeline to achieve 2. Attach DVR	on Plan. d must meet	the curren	t graduation re	quirements.	You may ne	eed to m		
	REQUIRE	D COURS credits)	ES		ELE	ELECTIVE COURSES (28 credits)		
Course	Credits		Course	Credits	Students can choos elective courses throu		ose to complete	
English 10	4	English 1	1	4	Transi	tion		
Fine Arts 10	4	Social Studies 11,		4	☐ Business		☐ Health	
Science 10	4	Science 11 or 12		4	☐ Technology		☐ Science	
Math 10	4	Math 11		4	Communications		☐ Trades	
Social Studies 10 4		English 12		4	□ Other			
PE 10 Career Life Education 10	4	Career Life Connections Indigenous Credit		4	Specify Pathway:			
Career Life Education 10	4	indigenous	s Credit	4				
Grade	11		G	rade 12		POS	T-SECONDAR	
Sem 1	Sem 2		Sem 1		Sem 2	(Trans	ition Program/Course(
Total Credits:		То	tal Credits:			Total	Credits:	
			edicted aduation Date					
Student Signature				Parent/Guardian Signature				
Career Coordinate	or/Counselle	or Signatu	ro					