Central Okanagan Public Schools
Together We Learn

# EXPLORE PROGRAM APPLICATION

STUDENT NAME: _____

SCHOOL: _____

PROGRAM: **Technology Sampler**

**PROGRAM START DATE**: _____ **Year**:_____

## APPLICATION CHECKLIST

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

- ❒ Central Okanagan Public Schools **Application Form**
- ❒ **Okanagan College Consent to Release Information form**
- ❒ **Application Questions –** Clear and concise responses to the questions
- ❒ **Teacher Recommendation**
- ❒ **IEP & Learning Plan** – Attach only if you have one
- ❒ Program Shadow – **NOT REQUIRED**
- ❒ **Attendance Report**

Students shall receive 4 elective credits towards graduation for the successful completion of the sampler program.

**Accepted applications will be required to submit a $50 non-refundable deposit for the program upon acceptance to confirm their seat in the program.**

# CENTRAL OKANAGAN PUBLIC SCHOOLS
# APPLICATION FORM

**Please print clearly:**

**Name** _____
Last Name First Name Middle Name

**Address**_____**City**_____

**Student Phone**_____**Postal Code** _____

**Date of Birth (dd/mm/yyyy)** _____**SIN**_____

**Are you of Indigenous Heritage?** ☐ Yes ☐ No **Canadian Citizen** ☐ Yes ☐ No

**Student email address** _____
****NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (please use gmail, hotmail, icloud, etc.)**

**Parent / Guardian Name** _____

**Email** _____**Phone** _____

**Are you currently on an IEP or Learning Plan?** ☐ No ☐ Yes If yes, please include a copy

**Students accepted into the program will be communicated with directly by Okanagan College (parent emails will not be included). Students must check their email inbox regularly for updates and information.**

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 Career-Life 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 Career-Life Programs department to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow the Career-Life 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 clearly:**

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

_____

_____

_____

_____

_____

What do you hope to learn or accomplish by taking the Gateway to Technology program?

_____

_____

_____

_____

What is your transportation plan for attending two evenings per week? The program is located at Okanagan College – Kelowna campus.

_____

_____

_____

# TEACHER RECOMMENDATION

***A teacher related to the program of study is required (Computer, Math, Science, etc.)***

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:** _____

| | | *Excellent* | *Good* | *Fair* | *Needs Improvement* |
|---|---|---|---|---|---|
| 1. | **Attendance/Punctuality** | ❒ | ❒ | ❒ | ❒ |
| | **Comments:** | | | | |
| 2. | **Work Ethic** | ❒ | ❒ | ❒ | ❒ |
| | **Comments:** | | | | |
| 3. | **Attitude** | ❒ | ❒ | ❒ | ❒ |
| | **Comments:** | | | | |
| 4. | **Ability in Field** | ❒ | ❒ | ❒ | ❒ |
| | **Comments:** | | | | |
| 5. | **Initiative/Motivation** | ❒ | ❒ | ❒ | ❒ |
| | **Comments:** | | | | |
| 6. | **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.

## 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
- ☐ Employer
- ☐ Family
- ☐ Friend
- ☐ Lawyer
- ☐ Parent
- ☐ School District
- ☐ Sponsor
- ☐ Spouse
- ☐ Other: _____

***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<br>☐ Name<br>☐ Address<br>☐ Phone<br>☐ Email | ☐ Status of application *Application decision, outstanding items and deadlines*<br>☐ Financial information *Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID*<br>☐ 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*<br>☐ Media information *All images and sound recordings in any media for any purpose*<br>☐ Other:_____ |

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

**Student Signature**:_____ **Date**: _____