



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:
- DesignXcel: Interior Design Sampler
- VetEssentials
- SoundStart: Audio Engineering Sampler

LAST NAME: _____ FIRST NAME: _____ USUAL FIRST NAME: _____

SCHOOL: _____ CURRENT GRADE: _____

LOCATION: College for Arts and Technology (CAT), 100-1632 Dickson Avenue, Kelowna

START DATE: Semester 2 - February 2027

IMPORTANT NOTES:

- Students must complete one of the following before final acceptance into the program:
 - Participated in one of the camps offered by CAT
 - Completed a Program Shadow at CAT; or
 - Had an orientation meeting/info session with the CAT High School Liaison.
- Students must be prepared to attend all classes and complete all course work.
- Students are accepted based on aptitude/interest in the program, application package, teacher recommendation, and their readiness for a post-secondary learning program.
- Tuition fees only will be paid by SD23.
- Upon acceptance, students will be required to submit a \$50 non-refundable deposit to SD23 to confirm their seat in the program.
- Students are responsible for books/supplies and ancillary fees. **DesignXcel is expected to be approximately \$200 for books/supplies - payable directly to CAT.**

APPLICATION SUBMISSION:

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

- Central Okanagan Public Schools Dual Credit Application Form
- College for Arts and Technology Consent to Release Information
- Application Questions - Clear and concise responses to the questions
- Teacher Recommendation
- High School Transcript (**School to print and attach DVR*)
- IEP - Attach IEP if you have one

CENTRAL OKANAGAN PUBLIC SCHOOLS DUAL CREDIT APPLICATION FORM

PLEASE PRINT CLEARLY

Name _____
Last Name First Name Usual First Name

Address _____ City _____

Home Phone _____ Student Cell _____ Postal Code _____

Date of Birth (mm/dd/yyyy) _____ Social Insurance Number _____

Canadian Citizen* Yes No Permanent Resident Yes

**Students must be a Canadian Citizen or Permanent Resident to earn the 4 credits. Social Insurance Number must be provided.*

Student's (personal) email address (USE GMAIL, HOTMAIL, ICLOUD ETC.): _____

NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL. College for Arts and Technology will communicate directly with students accepted into the program (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

I/We:

- acknowledge that this application has been filled out by me (not a parent or guardian)
- 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.
- allow SD23 Career-Life Programs to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study.
- 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.
- acknowledge that students accepted into this program will be at the designated site provided by the training partner

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 for 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: _____

CAT 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.

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

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.

TEACHER RECOMMENDATION

Preferably 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
2. Work Ethic and Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
3. Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
4. Ability to verbally communicate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
5. Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
6. Ability to follow rules/structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
7. General Comments:				

Teacher Signature: _____ Date: _____