



Central Okanagan  
Public Schools  
Together We Learn

Central Okanagan Public School  
**DUAL CREDIT PROGRAMS –  
TECHNOLOGY SAMPLER**  
Explore Technology

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ USUAL FIRST NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

PROGRAM: **TECHNOLOGY SAMPLER**

LOCATION: **Okanagan College – Kelowna Campus (OC), 1000 KLO Road, Kelowna**

START DATE: Semester 1 - September 2026

**IMPORTANT NOTES:**

- 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 any books/supplies and ancillary fees – payable to OC

**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

*\*If you are currently in Grade 9 at Dr. Knox, KLO or Glenrosa Middle School, please submit your completed applications to [careerlife.programs@sd23.bc.ca](mailto:careerlife.programs@sd23.bc.ca). No DVR is required.*

# CENTRAL OKANAGAN PUBLIC SCHOOLS 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. Okanagan College 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

\*\*\*Please include with application.

I/We:

- (a) acknowledge that this application has been filled out by me (not a parent or guardian)
- (b) 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.
- (c) allow SD23 Career-Life Programs to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study.
- (d) 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.
- (e) 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 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 - 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 or in your myOkanagan account at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION QUESTIONS**



**Please print clearly:**

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

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

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What is your transportation plan for attending two evenings per week? The program is located at Okanagan College – Kelowna campus, 1000 K.L.O. Road, Kelowna.

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# TEACHER RECOMMENDATION

*A teacher related to the program of study (Computer, Math, Science, etc.) 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: \_\_\_\_\_