



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



# 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

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

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

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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.

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# 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: \_\_\_\_\_