

**Career Education Department
School District #36 (Surrey)**

14033 - 92 Avenue
Surrey, BC V3V 0B7

District Partnership Program Application

PLEASE PRINT CLEARLY

NOTE: Student is only funded for one program.

PREVIOUS ACE IT PROGRAMS: _____ **FIRST TIME APPLICATION YES** _ / **NO** _

Date of Application: _____	Student #: _____	
Name: _____		
<i>Last</i>	<i>First</i>	<i>Middle</i>
School District: _____	Surrey #36	School: _____
School Contact: _____		

PROGRAM CHOICES - *Please indicate the program for which you wish to apply. If you are applying for more than one program please rank these programs of order of preference. Please ensure you fill out one application per program. (1 for first choice, 2 for second choice, etc.)*

- | | |
|--|---|
| <input type="checkbox"/> Automotive Collision Repair Technician
<input type="checkbox"/> Automotive Refinishing Prep Technician
<input type="checkbox"/> Automotive Service Technician 1
<input type="checkbox"/> Baking & Pastry Arts
<input type="checkbox"/> Carpentry
<input type="checkbox"/> Culinary Arts – Professional Cook 1
<input type="checkbox"/> Drafting/CADD
<input type="checkbox"/> Electrician
<input type="checkbox"/> Hairdressing – Cosmetologist | <input type="checkbox"/> Horticulture
<input type="checkbox"/> Masonry – Brick Layer
<input type="checkbox"/> Metal Fabricator (Steel Fabrication)
<input type="checkbox"/> Millwright – Industrial Mechanic
<input type="checkbox"/> Painter and Decorator
<input type="checkbox"/> Plumbing Semester 1 or 2 (circle 1)
<input type="checkbox"/> Roofing
<input type="checkbox"/> Welding – Level C
<input type="checkbox"/> Law Enforcement Preparatory
<small>(site visit & Math assessment not required for LEPP)</small> |
|--|---|

PROGRAMS PAID BY STUDENT (use respective application forms; site visit and Math assessment not required)

- Emily Carr
 Early Childhood Care and Education
 Flight Centre

Seats in CTC Programs are limited.

Acceptance into CTC Programs is subject to approval by the CTC partners.

* Complete and pass the Vocational Test for Trades (Millwright Program only)

1. Site visit required.
2. This application is to be completed by all applicants wishing to apply for admission to the above Surrey School District Partnership Programs.
3. Deadline for submission of this application for the _____ year is _____.
4. This application is to be returned to your Career Facilitator.
5. Completing the application and being interviewed does not guarantee acceptance into the program.

STUDENT AND PARENT CHECKLIST - PERMISSION AND SITE VISIT

Student Checklist

In order to be accepted into a Partnership Program you must meet the following requirements:

- be 15 years of age or older
- be 19 years of age or under upon completion of the program
- has not yet achieved Ministry of Education graduation
- be currently registered and attending as a student in School District #36 (Surrey)
- have met the English and Math requirements for the specific program
- have a good attendance and punctuality record
- visit the program site and obtain the signature of the instructor (see Program Site Visit section below)
- complete all eight (8) pages of the application
- sign the Student Personal Information Form and Transition Plan
- have one of the teachers (preferably in the trade area) complete the Teacher Reference Form
- provide a reference letter from a member of the community (community coach, employer, group leader)
- complete a cover letter (to be taken to the interview)
- complete and hand in resume with the application
- bring completed application to the Career Facilitator for submission
- complete a preliminary interview with the Career Facilitator
- Career Facilitator will notify you if you are successful for a district interview. Remember to bring your cover letter with you to the interview.

Parent Permission and Support

- I am aware that my son/daughter is funded for only one program.
- I am aware that there are materials and equipment costs for this program for which I am responsible.
- I am aware we are responsible for arranging transportation for my son/daughter to and from the program.
- My son/daughter demonstrates a level of maturity suitable to a post secondary institution.
- I have read and signed the Media/Webpage/Promotional Consent Form.
- Please read and sign this page, the Student Personal Information Form and the Transition Plan.

I have reviewed the above information with my son/daughter and I hereby grant my son/daughter permission to participate in the District Program.

Parent's/Guardian's Signature: _____ **Date:** _____

Program Site Visit – The school career Facilitator will arrange a site visit.

This student completed a site visit on (date): _____

Signature of Program Instructor: _____

STUDENT PERSONAL INFORMATION

Please print clearly

PEN # (if you do not know this number see your Career Development Facilitator): _____

ITA Registration (TW) #: _____ Apprenticeship ID# _____
(If applicable)

Full Legal Name: _____
(no initials) *Surname* *First* *Middle*

Mailing Address: _____
Address *City* *Postal Code*

Phone Number: _____
Home *Cell* *Business*

E-mail Address: _____ Date of Birth: _____
Year / Month / Day

Gender: Male Female Age: _____ Grade: _____ First Nations Ancestry Yes No

Are you a Canadian citizen: Yes No Country of Citizenship: _____

Emergency/Medical Information:

Emergency Contact: _____
Surname *Given Name*

Relationship to Applicant: _____ Telephone: _____
Home *Business*

Care Card Number: _____ Name of Family Doctor: _____

Address & Phone Number for Family Doctor: _____

Medical Concerns

Describe any medical/physical problems that the school/post-secondary institution should be aware of, or that might affect performance (i.e. diabetes, epilepsy, medication, asthma, allergies, previous physical injuries, etc.):

Special Needs Information:

I choose to accept services I choose not to accept services Not applicable

Describe any special needs that the school/post-secondary institution should be aware of, or that might affect performance (such as dyslexia, ADD/ADHD, physical needs, hearing impairment, etc). In order to best accommodate for special needs, please ensure current documentation/assessment information of special needs is attached. List student's Ministry of Education designation (category code).

Parent/Guardian: I hereby understand that information contained herein will be provided to the instructor(s) of the applicable post-secondary institution.

Parent's/Guardian's Signature: _____ **Date:** _____

Applicant: I certify that all statements on this application are true and complete.

Applicant's Signature: _____ **Date:** _____

NAME: _____ **GRADE:** _____ **HOME SCHOOL:** _____

Last First

PROGRAM: _____ **PROGRAM ASSIGNMENT: 36 CT Trades & Technology or other:** _____

Place a (✓) in boxes to indicate courses already taken or you are currently taking. Leave box unchecked for courses you are planning to take.
 PRINT course names in spaces provided and course locations.

GRADE 10 REQUIREMENTS	CREDITS	Total Credits:	LOCATION
<input type="checkbox"/> English 10	___ 4 ___	(minimum 24)	_____
<input type="checkbox"/> Social Studies 10	___ 4 ___		_____
<input type="checkbox"/> Science 10	___ 4 ___		_____
<input type="checkbox"/> a Math 10 _____	___ 4 ___		_____
<input type="checkbox"/> PE 10	___ 4 ___		_____
<input type="checkbox"/> Planning 10	___ 4 ___		_____
GRADE 11 REQUIREMENTS	CREDITS	Total Credits:	LOCATION
<input type="checkbox"/> English or Communications 11 (underline applicable course)	___ 4 ___	(minimum 16)	_____
<input type="checkbox"/> a Social Studies 11 _____	___ 4 ___		_____
<input type="checkbox"/> a Science 11 _____	___ 4 ___		_____
<input type="checkbox"/> a Math 11 _____	___ 4 ___		_____
GRADE 12 REQUIREMENTS	CREDITS	Total Credits:	LOCATION
<input type="checkbox"/> English or Communications 12 (underline applicable course)	___ 4 ___	(minimum 20)	_____
<input type="checkbox"/> _____ 12	_____		_____
<input type="checkbox"/> _____ 12	_____		_____
<input type="checkbox"/> _____ 12	_____		_____
<input type="checkbox"/> GRADUATION TRANSITIONS	___ 4 ___		_____
<input type="checkbox"/> Daily Physical Activity Documentation	___ Requirement Met	_____	_____
FINE ARTS &/OR APPLIED SKILLS REQUIREMENT	CREDITS	Total Credits:	LOCATION
REQUIRED: Either 4 credits of one area, or 2 credits of each		(minimum 4)	_____
<input type="checkbox"/> Fine Art _____ 10 / 11 / 12 (circle grade)	_____		_____
<input type="checkbox"/> Applied Skill _____ 10 / 11 / 12	_____		_____
ADDITIONAL (ELECTIVE) COURSES	CREDITS	Total Credits:	LOCATION
<input type="checkbox"/> _____ 10 / 11 / 12 (circle grade)	_____	(minimum 16)	_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
OVERALL TOTAL GRADUATION CREDITS (80 CREDITS REQUIRED)			

ANTICIPATED HIGH SCHOOL CREDENTIAL: ___ Adult Dogwood ___ School Completion Certificate ___ Dogwood Diploma			
Graduation Date _____			
POST SECONDARY PLANS:			
<input type="checkbox"/> Continue apprenticeship requirements <input type="checkbox"/> Other - please provide details: _____			

I have discussed the completion of my transition plan with my parent(s) /guardian(s).

Student Signature: _____
 Parent Signature: _____
 Career Development Facilitator Signature: _____

Date: _____
 Date: _____
 Date: _____

News Media

Over the course of a school year, the Surrey School District sometimes receives requests from the news media to interview, photograph or videotape individual or groups of students in connection with stories the media are working on. Also, the news media is sometimes invited to school functions to publicize events.

As a public body, we attempt to cooperate with the media whenever possible. However, your right to personal privacy is our priority. Therefore, we ask that this consent form be signed and returned to the school so we can respect your wish for family privacy.

_____ **Yes**, as the parent or guardian of the student named below, I give my consent to the publication/broadcast of his/her picture and/or name by the news media as described above.

_____ **No**, as the parent or guardian of the student named below, I do not give my consent for the publication or broadcast of his/her picture and/or name by the news media, when and where the school or school district has control over such activity.

(School staff cannot control news media access or photos/videos at public locations (e.g. field trips) or school events open to the public, such as sports tournaments, student performances, school board meetings, etc.)

School / District Websites

In accordance with the *Freedom of Information and Protection of Privacy Act*, the Surrey School District requires consent to use a students' full name or photograph/video on school or district websites accessible to the general public. Therefore, your permission is requested to post your child's full name, photograph or video of your child in connection with positive, day-to-day school activities or personal accomplishments.

_____ **Yes**, as the parent or guardian of the student named below, I give my consent to the publication of his/her name and/or photo or video on the school or district website as described above.

_____ **No**, as the parent or guardian of the student named below, I do not give my consent for the publication of his/her name, photo or video on school or district websites.

Promotional

Over the course of the year, Surrey School District staff may photograph or video individual students or groups of students to promote various educational, sports and cultural events or programs taking place in the district, post-secondary institutions, or at worksites. These photographs may be used in public brochures, newspapers advertisements or other promotional literature for distribution within and outside the school district.

_____ **Yes**, as the parent or guardian of the student named below, I give my consent to the publication of his/her name and/or photo or video for promotional purposes as described above.

_____ **No**, as the parent or guardian of the student named below, I do not give my consent for the publication of his/her name, photo or video for promotional purposes as described above.

_____ **Parent / Guardian Signature**

_____ **Date**

_____ **Secondary Student Signature**

_____ **Date**

_____ **Student's Name (please print)**

STUDENT STATEMENTS OF INTEREST AND INTENT

Name: _____

Program: _____

1. What have you done to prepare yourself for study and work in this area (i.e. related job, course work, work experience, extra-curricular activities, reading, interviewing people, etc.)?

2. What skills do you have that will help you be successful in this program?

3. What interests you about a career in this field?

4. What knowledge do you have of this career field (i.e. opportunities for work, working conditions, wages, safety equipment, etc.)?

5. What are your interests outside of school (hobbies, sports, clubs, special talents, etc.)?

TEACHER REFERENCE FORM
(Program area teacher)

Student: _____
Last Name
First name
Grade

This student has applied for a seat in the _____ Program.

Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

Please check the following traits as:

	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)
1. Maturity	_____	_____	_____	_____
2. Accuracy / ability to follow instructions	_____	_____	_____	_____
3. Enthusiasm and interest	_____	_____	_____	_____
4. Adaptable - adjusts to new situations	_____	_____	_____	_____
5. Follows through on assigned tasks	_____	_____	_____	_____
6. Attendance	_____	_____	_____	_____
7. Punctuality	_____	_____	_____	_____
8. Shows motivation to learn new skills	_____	_____	_____	_____
9. Can work independently	_____	_____	_____	_____
10. Has positive attitude towards work	_____	_____	_____	_____
11. Accepts constructive criticism	_____	_____	_____	_____
12. Makes changes as a result of constructive criticism	_____	_____	_____	_____
13. Could this student be counted on to represent the District favorably in a college setting?				
Yes _____	Possibly _____	No _____		
14. Do you feel this student has a sincere interest in this District Partnership Program?				
Yes _____	Possibly _____	No _____		

Teacher name (please print): _____ **Course taught:** _____

Please make a personal comment(s) about this student: _____

Signature: _____ **Date:** _____

CAREER FACILITATOR'S CHECKLIST AND RECOMMENDATION

NAME OF STUDENT: _____

SCHOOL: _____ DATE: _____

PROGRAM APPLYING FOR: _____

TERM APPLYING FOR: _____

- I have interviewed this student and provided him/her with a clear understanding of the program, its purpose and conditions for acceptance
- The student has completed a program site visit. Students will not be interviewed unless they have done a site visit.
- Recent attendance (**Attendance Summary from beginning of school year to present**) and punctuality records are attached to the application
- Achievement history (**Student Status Sheet**) grade 8 to present is attached to the application
- Student District Information (**Program Assignment**) is attached to the application
- Current documentation, psycho education report and IEP are included, if applicable
- Medical concerns (**Start Screen->Medical**), if any, have been noted on the Student Personal Information page.
- The student has completely filled out the application form:
 - Personal Information
 - Statement of Interests
 - Transition Plan
 - Community Reference
 - Teacher Reference
 - Resume
- CTC "Math Assessment" has been done. Attach the results summary.
- Cover Letter – to be taken to the district interview.

I find this student's qualities with regards to this program on a scale of 1(weak) to 10 (exceptional):

1	2	3	4	5	6	7	8	9	10
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Facilitator's Comments (required): _____

Career Facilitator's Signature: _____ **Date:** _____