DOCUMENTATION CHECKLIST

The following documentation is to be included with this application package.

Check off items as completed!

- ☐ 1. Completed application form signed by parent/guardian
- ☐ 2. One-page personal letter in support of your application showing commitment to learning and attending the program and why you are good candidate for dual credit
- ☐ 3. Teacher Reference Form
- ☐ 4. Employer Reference Form
- ☐ 5. Student Transition Plan
- ☐ 6. Parent Reference Form
- ☐ 7. Attendance History (ask school secretary)
- ☐ 8. Current Transcript (ask counsellor)
- ☐ 9. Current Resume
- ☐ 10. IEP/Psych ED (If applicable, ask case manager)
- ☐ 11. Career Education Teacher Reference Check

Once the application has been handed into the Career Education Teacher, the following will take place:

_____ Complete a successful interview with a School Based Career Coordinator / Counselor
_____ Reference from School Career Coordinator/ Counselor sent to the District Career office
_____ Date documents sent to the District Career office
_____ Application Reviewed
_____ School Career Coordinator/ Counselor Student Notified of acceptance.
_____ Student completes Release of Information
_____ Student applies to Post Secondary Institution
_____ District Career Office sends sponsorship letter, Release of Information and Transcript to PSI
_____ Student receives offer from Post-Secondary Institution and pays seat deposit
_____ Student arranges transport, or accommodations to attend Post-Secondary
_____ Student pays ancillary Fees, buys text books and opts out of medical and dental if covered

Career Education Coordinator: _____ Date:_____

This Application Form has been: ☐ **Approved** ☐ **Not Approved**

_____

SD #53 CAREER EDUCATION PROGRAM

DUAL CREDIT / YOUTH TRAIN in TRADES
APPLICATION FORM

Programs are offered subject to all required SD#53 and, college approvals, including sufficient enrolment, funding, and staffing.

(Please print clearly and fill in ALL information)

School _____ Grade _____ Date _____

Student Name _____ / _____ / _____
(Last) (First) (Middle)

Mailing Address _____ City _____ Postal Code _____

E-mail _____

Student Phone _____ Parent Phone _____ _____

PEN# _____ Expected Graduation Date _____
(9-Digit Number)

1. Program I am applying for:

Program Name: _____

School/Location:_____

Dates:_____

2. Personal Information (interests, etc.)

_____

_____

3. Employment or Volunteer History (dates)

_____

_____

_____

7. Contact with / experience in occupational area of choice, include job shadowing, practical arts experiences, spotlight career sessions attended.

_____

_____

_____

8. What are your reasons for applying to this program?

_____

_____

_____

_____

9. Do you have a medical condition which your supervisor should be aware of and if so, will it affect your success in this program? ☐ Yes or ☐ No

_____

_____

10. Do you have an IEP or learning condition which may require special assistance? ☐ Yes or ☐ No

_____

_____

_____ _____

Student Signature Date

_____ _____

Parent/Guardian Name (Please print) Date

_____

Parent/Guardian Signature

School District #53

PROGRAM PLAN FOR SECONDARY STUDENT TRANSITION COURSES

NAME:_____ COUNSELOR: _____

SECONDARY SCHOOL_____ STUDENT NUMBER: _____

STUDENT GRADE: _____ GRADUATION DATE: _____

CAREER GOALS:_____ POST SECONDARY GOAL:_____

Indigenous course requirement met? ☐ Yes or ☐ No CREDITS PLANNED IN GRADE 10 _____

Grade 10: English/Socials/Science/Math/PE/CLE/Applied Skill requirements met? ☐ Yes or ☐ No

Grade 10 Electives _____

Grade 11: English/Socials/Science/Math required CREDITS PLANNED IN GRADE 11 _____

SEMESTER ONE	SEMESTER TWO

Grade 12: English and CLC required CREDITS PLANNED IN GRADE 12 _____

SEMESTER ONE	SEMESTER TWO

Prerequisites for the student's program scheduled. ☐

COUNSELOR SIGNATURE:_____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

EMPLOYER REFERENCE FORM

Business Name: _____

Students Name: Student Name (first and last): _____

Grade: _____ School: _____

This student has applied for a seat in the _____ _____

Please check the following traits as:	**Excellent (4)**	**Good (3)**	**Satisfactory (2)**	**Needs Improvement (1)**
1. Maturity				
2. Ability to follow instructions				
3. Enthusiasm and interest				
4. Adaptable – adjusts to new tasks				
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				

Comments:

_____

_____

_____

Employer Evaluation completed by:

NAME: _____ PHONE:_____

SIGNATURE: _____ EMAIL: _____

TEACHER REFERENCE FORM

Students Name: _____

Course(s): _____

Grade: _____ School: _____

This student has applied for a seat in the _____

Please check the following traits as:	**Excellent (4)**	**Good (3)**	**Satisfactory (2)**	**Needs Improvement (1)**
1. Maturity				
2. Ability to follow instructions				
3. Enthusiasm and interest in learning				
4. Adaptable – adjusts to new tasks				
5. Follows through on assigned tasks				
6. Attendance				
7. Punctuality				
8. Shows motivation to being challenged				
9. Can work independently				
10. Has positive attitude towards learning				
11. Accepts constructive criticism				

Comments: _____

_____

_____

Teacher Evaluation completed by:

NAME: _____ PHONE: _____

SIGNATURE: _____ EMAIL: _____

PARENT/GUARDIAN REFERENCE FORM

Students Name: _____

Grade: _____ School: _____

This student has applied for a seat in the _____

Please check the following traits as:	**Excellent (4)**	**Good (3)**	**Satisfactory (2)**	**Needs Improvement (1)**
1. Maturity				
2. Ability to follow instructions				
3. Enthusiasm and interest in learning				
4. Adaptable – adjusts to new tasks				
5. Follows through on assigned tasks				
6. Can work independently				

Comments: _____

_____

_____

PARENT ACKNOWLEDGEMENT OF YOUTH TRAIN in TRADES and DUAL CREDIT	Yes	No
I support my student's application to the Youth Train In Trades or Dual Credit Program.		
I understand that I will need to make arrangement for housing or transport to the college		
I understand that there are ancillary fees and textbook costs for this program.		
I would like to be considered for hardship funds to help with ancillary fees and textbook costs		

Parent Form completed by:

NAME: _____ PHONE: _____

SIGNATURE: _____ EMAIL: _____