


Central Okanagan Public Schools
Dual Credit Programs

School District No.23
Central Okanagan



Together We Learn

ACADEMIC



DUAL CREDIT

STUDENT APPLICATION

- Please contact your school's Career Programs Coordinator & Counselor **before** completing this Academic Dual Credit application.
- All students applying for the College/University Transfer Courses and Academic Dual Credit Support need to complete this application package.
- Students will need to complete a paper application form to the specific institution they are wishing to attend.
 - Okanagan College
- You will be notified once the your application has been reviewed.

Central Okanagan Public Schools - Dual Credit Programs

GETTING STARTED

- Students should not be taking a post-secondary program unless they have a superior academic record and have met the prerequisites of the program.
- Students/parents meet with their school Career Coordinator & counsellor to review program options.
- Students should not be taking a post-secondary programs unless they have met the prerequisites and are prepared to attend all classes and complete all course work.
- Careful consideration should be exercised when deciding on enrolling in post-secondary courses. College/University courses will be permanently recorded on your post-secondary file.
- Withdrawal process: If you are not able to complete the program you may withdraw without academic penalty as per the withdrawal policy of the institution that students have been accepted to.

HOW TO APPLY:

- See your school career coordinator/counsellor prior to filling out application.
- Students are to return the completed application package to their school career coordinator/counsellor.
- A Career Coordinator will contact you to notify you of your acceptance and what the next steps are.
- Students are accepted based on a first come-first serve basis in addition to meeting the prerequisites and the student's readiness for an adult learning program.
- Where the number of applicants exceed availability a waitlist may be created.

APPLICATION SUBMISSION CHECKLIST. (check off items as you complete)

- SD23 Information Form
- Okanagan College Permission to Release Information Form
- Completed and signed Accountability Agreement
- Completed and signed Student Graduation and Transition Plan
- High school transcript (DVR)
- Teacher Recommendation Form
- Principal Recommendation Form
- Okanagan College application (paper version)

NOTES:

- Incomplete applications will delay registration.
- Tuition fees only will be paid by SD No. 23. You are responsible for books/supplies and ancillary fees.
- Fees are subject to change.

For Office Purposes Only: _____
School District

SD23 GENERAL INFORMATION/PARENTAL CONSENT FORM

(Please print neatly)

Name _____
Last Name First Name Middle Name

Address _____ City _____

Home Phone # _____ Student Cell # _____ Postal Code _____

Date of Birth (dd/mm/yyyy) _____ **SIN (Mandatory)** _____

Are you of a Canadian Citizen? Yes No Are you a Permanent Resident? Yes No

Student email address: (all correspondence is sent to this address) _____
Please print neatly

Parent /Guardian Contact

Name _____
Last Name First Name Middle Name

Home Phone # _____ Work/Cell # _____

Parent email address: (all correspondence will be cc'd to this address) _____
Please print neatly

Emergency Contact Person

Name _____
Last Name First Name Middle Name

Home Phone # _____ Work/Cell # _____

√ Student is **NOT** _____ on an IEP or a Learning Plan

√ Student is **currently** on an _____ IEP or a _____ Learning Plan _____ Behaviour Support Plan

I/We 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. I allow the Dual Credit Department to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow the Dual Credit Programs Department to use any work or school related picture of myself for the purpose of promotion and communication of the program.

Parental Note: Some of the content of the program may be adult oriented. By signing this form, you are acknowledging that you are aware that some of the content in the program is mature in its nature and you are granting your child permission to fully participate in all aspects of the program.

Student Signature _____ **Date** _____

Parent/Guardian (carefully print name) _____

Parent/Guardian Signature _____ **Date** _____

Applications will not be accepted without all signatures in place.

For Office Purposes Only: _____
School District

Teacher Statement of Recommendation

Thank you for completing the *Teacher Statement of Recommendation* regarding the student named below. The information on this reference will be used to determine candidates for the College/University Transfer Courses and Dual Credit Support. A quality response to the general comments section is also important.

Student Name: _____

Teacher: _____ Class: _____

School: _____ Teacher Phone #: _____

	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
1. Attendance/Punctuality Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Ethic Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mechanical Ability in Field Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative/Motivation Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interpersonal Skills/Citizenship Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Comments:					

Teacher Signature: _____

Date: _____

Principal Statement of Recommendation

Thank you for completing the *Principal Statement of Recommendation* regarding the student named below. The information on this reference will be used to determine candidates for the College/University Transfer and Academic Dual Credit Support. A quality response to the general comments section is also important.

Student Name: _____

Principal: _____ School: _____

Principal Email Address: _____ Phone #: _____

	<i>Excellent</i>	<i>Very Good</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
1. Attendance/Punctuality Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Ethic Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mechanical Ability in Field Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative/Motivation Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Interpersonal Skills/Citizenship Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Comments:					

Principal Signature: _____

Date: _____

Permission to Release Personal Information

In order to comply with privacy legislation and college policy, any student who wishes Okanagan College to release their personal information to a third party must complete and sign this form.

Student Name: _____

Address: _____ City: _____

Postal Code: _____ Phone No: _____ Cell: _____

Email address: _____

To Okanagan College,

Please release the personal information that I have checked below to the following group:

School District No. 23 Career Life Programs Staff

- Name
- Address
- Phone Number
- Letter of Acceptance
- Transcript of Academic Record
- Confirmation of enrolment
- Registration Information

The student may rescind or amend this authorization in writing at any time. Submit the completed form with an original signature to the Registrar.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

RESPONSIBILITY AGREEMENT

High School/School District/Okanagan College Responsibilities

We will:

- provide Okanagan College tuition funding only for approved programs.
- inform you of the program prerequisites and requirements.
- help you create a transition plan that helps you navigate high school graduation and transition into post-secondary.
- work with Okanagan College admissions to ensure you are enrolled in your program of choice.
- assist you with the identification of student support services as needed (assessment, learning skills, math & English upgrading, disability services, etc.)
- liaise with your parents, high school teachers, and Okanagan College instructors regarding your participation in the program.
- report post-secondary marks for your high school transcript.

Student Responsibilities

As a SD No. 23 Dual Credit student I agree to:

- Ensure that I meet with my counsellor and career program coordinator to plan my high school timetable and transition plan to ensure I have all the prerequisites and grad requirements.
- Submit a completed application package to my school's career center and pay any applicable application/requisite fees to Okanagan College.
- Communicate with Okanagan College admissions to ensure all prerequisites and payments are made on time.
- Pay all required fees for student ancillary fees and textbooks/supplies.
- Be prepared to fully commit to the rigors of post-secondary school and agree to match course hours with home study.
- Contact my instructor if I will be late or absent. Daily attendance and punctuality are required at the post-secondary level. Failure to attend daily, and on-time may result in removal from the program without any refund.
- Inform Okanagan College, your parents, and your home school (counsellor and career coordinator) if you withdraw from the program. Remember withdrawing from the program may affect your permanent post-secondary record.
- Follow the Okanagan College General Academic Regulations and Policies regarding student conduct, withdrawal, etc. (<http://webapps-5.okanagan.bc.ca/ok/Calendar/GeneralAcademicRegulationsandPolicies>)
- I will continue to respect the School District No. 23 student code of conduct regardless of program location.

Student Name (print clearly) _____ **Date** _____

Student Signature _____ **High School** _____

Parent/Guardian Name (print) _____ **Parent/Guardian Signature** _____

Career Coordinator Name (print) _____



DUAL CREDIT APPLICATION FORM

Okanagan College
ID Number (if known) _____ / _____ / _____

FOR OFFICE USE ONLY

Non-refundable \$30 fee paid.
 Not applicable
 DATE/TIME: _____
 INITIALS: _____

Personal Information - Please Print Clearly

Legal Last or Family Name		First Name	Middle Name(s)												
Previous (Maiden) Name (if applicable)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female													
E-mail Address <small>(Okanagan College uses email and mail to communicate with all applicants. Please ensure you have entered your email address correctly. It is your responsibility to provide the College with your current email so we can communicate important information to you)</small>															
Permanent Address (correspondence regarding your application will be mailed to this address)			City/Town												
Province/State and Country		Postal Code/Zip Code													
Telephone - Primary ()		Telephone - Alternate ()													
Date of Birth															
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day	month	year													
Country of Citizenship		<small>Note: Non-Canadians must submit proof of immigration status with application (original documents must be submitted to Okanagan College for photocopying). Permanent Resident/Landed Immigrant Effective Date:</small> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> <tr> <td style="text-align: center; font-size: 8px;">day</td> <td style="text-align: center; font-size: 8px;">month</td> <td style="text-align: center; font-size: 8px;">year</td> <td style="text-align: center; font-size: 8px;"> </td> <td style="text-align: center; font-size: 8px;"> </td> <td style="text-align: center; font-size: 8px;"> </td> </tr> </table>								day	month	year			
day	month	year													
Emergency Contact Name															
Emergency Contact Telephone - Primary ()		Emergency Contact Telephone - Alternate													

Program Name _____ Campus <input type="checkbox"/> Salmon Arm <input type="checkbox"/> Vernon <input type="checkbox"/> Distance <input type="checkbox"/> Kelowna <input type="checkbox"/> Penticton <input type="checkbox"/> Revelstoke	Term <input type="checkbox"/> Fall (September) <input type="checkbox"/> Winter (January) <input type="checkbox"/> Summer Session I (May) <input type="checkbox"/> Summer Session II (July)
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High School

Personal Education Number (PEN) _____ / _____ / _____ (if known)					
Current School	City/Province	From Year/Month	To Year/Month	Currently Attending	Grade/Year Completed

SD23 Career Programs School DUAL CREDIT TRANSITION PLAN

Date: _____

Last Name: _____ First Name: _____

School: Central GESS KSS MBSS OKM RSS
(circle one)

- ☞ **Make an appointment with your Career Coordinator/Counsellor to develop an Education/Transition Plan.**
1. Courses selected must meet the current graduation requirements. You may need to modify your timeline to achieve this. *(Students must graduate when they complete their Dual Credit program.)*
 2. Attach DVR

REQUIRED COURSES <i>(52 credits)</i>				ELECTIVE COURSES <i>(28 credits)</i>	
Course	Credits	Course	Credits	Students can choose to complete elective courses through a Dual Credit Program. Select one below	
English 10	4	English/Com 11	4	Transition Pathway	
Fine Arts 10	4	Social Studies 11,	4	<input type="checkbox"/> Business	<input type="checkbox"/> Health
Science 10	4	Science 11 or 12	4	<input type="checkbox"/> Technology	<input type="checkbox"/> Science
Math 10	4	Math 11 or 12	4	<input type="checkbox"/> Communications	<input type="checkbox"/> Trades
Social Studies 10	4	English/Com 12	4		
PE 10	4	Grad Transitions 12	4	Specify Career:	
Planning 10 / CLE 10	4	Planning 11 / CLC 11	4		

Grade 11		Grade 12		POST-SECONDARY
<i>Sem 1</i>	<i>Sem 2</i>	<i>Sem 1</i>	<i>Sem 2</i>	<i>(Transition Program/Course(s))</i>
Total Credits:		Total Credits:		Total Credits:
		Predicted Graduation Date		

Student Signature

Parent/Guardian Signature