



Student Name: _____ School: _____

Program: _____ Start Mo/Yr: _____ /20



CENTRAL OKANAGAN PUBLIC SCHOOLS

DUAL CREDIT APPLICATION EMERGENCY MEDICAL RESPONDER (EMR)



Dual Credit SD23



dualcreditsd23



Dual Credit SD23



Dual Credit SD23



www.dualcredit23.com

CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

Please print

Name* _____
Last Name First Name Middle Name

Address* _____ City* _____

Home Phone* _____ Student Cell _____ Postal Code* _____

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

Are you of First Nations Heritage? Yes No Canadian Citizen Yes No

Student email address: (most used)* _____

Parent email address:* _____

Parent / Guardian Contact* _____

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 Behaviour Support Plan

If you have access to an employer in your **area of study**, please list the following:

Name of Employer/Contact _____

Company _____

Phone # _____

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 Programs 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.

Student Signature* _____ Date* _____

Parent/Guardian Signature* _____ Date* _____

All signatures must be in place before application is accepted.

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 Central Okanagan Public Schools Dual Credit Programs. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
2. Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
3. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
4. Mechanical Ability in Field	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Comments:	_____				
6. Interpersonal Skills/Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____				
7. General Comments:	_____				

Teacher Signature: _____

Date: _____