



CENTRAL OKANAGAN PUBLIC SCHOOLS

DUAL CREDIT APPLICATION

RSS
FIRE ACADEMY



Dual Credit SD23



dualcreditsd23



Dual Credit SD23



Dual Credit SD23



www.dualcredit23.com

DUAL CREDIT PROGRAM CHECKLIST

Last Name: _____ First Name: _____

School: _____ Grade: _____ Grad Year: _____

Use the checklist below to ensure your application is "complete"
before handing into the Career Centre.

- 1. **Central Okanagan Public Schools application form**
- 2. **Teacher statement** of recommendation. Teacher should be from a related program.
- 3. A one-page **personal paragraph** in support of application showing commitment to completing the program.
- 4. A copy of your school **transcript** (gr 10-12) (Career Centre will provide).
- 5. A record of your **attendance** (Career Centre will provide).

CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

Please print

ENTRANCE REQUIREMENT, PREFERENCES AND DECLARATION

Requirements:

- Enrolled in grade 11 or 12,
- Minimum 2.5 GPA (C+),
- **willing to complete an online independent study course on your own time **
- Able to drive or arrange transport to fire hall for part of course



Preference - Will be given to students with some of the following:

- Will be enrolled in grade 12 when taking the course
- Have a strong work ethic and attendance record
- Have demonstrated an interest in firefighting or health care (job shadows etc.)

You should apply even if you don't have all of these!

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* _____

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 # _____

All signatures must be in place before application is accepted.

HEALTH DECLARATION

The EMR program is at times both mentally and physically demanding. You will frequently be kneeling for long periods of time and lifting patients or heavy objects. You may also be exposed to simulated and real life emergency situations. With this in mind, please honestly complete the form below:

Do you have any mental health issues that may affect your success in this course?

Yes No If yes, please elaborate: _____

Do you have any physical disabilities or medical conditions that may affect your success in this course?

Yes No If yes, please elaborate: _____

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: _____