



Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Program: \_\_\_\_\_ Start Mo/Yr: \_\_\_\_\_/20\_\_\_\_\_

 CENTRAL OKANAGAN PUBLIC SCHOOLS

# DUAL CREDIT APPLICATION

## TRADES SAMPLER

- |                       |                   |
|-----------------------|-------------------|
| Career Life Education | Plumbing & Piping |
| Carpentry             | Sheet Metal       |
| Drafting              | Work Place Math   |
| Electrical            |                   |

# TRADES SAMPLER APPLICATION CHECKLIST

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Semester 1, Trades Sampler - *Female*

Semester 2, Trades Sampler - *General*

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

- 1. Central Okanagan Public Schools **Application** Form.
- 2. **Application Questions** - Clear and concise responses to the questions.
- 3. **ita Youth Explore Program Stream Registration** Form
- 4. **Teacher Recommendation.**
- 5. **Okanagan College Consent to Release Information**
- 6. **IEP & LEARNING PLAN STUDENTS ONLY** -Attach IBP if you have one.

## NOTE:

- Students shall receive 20 credits towards graduation for the successful completion of the program.  
->Trades Sampler (TSTQ) 12A, 12B, 12C, Career Life Education 10, & Apprenticeship & Workplace Math 10 or 11.
- Accepted applicants will be required to submit a \$100 non-refundable deposit for the program upon acceptance to confirm their seat in the program. Acceptance is based on first-come.
- A program fee of \$200 is charged. (payable in 2 installments of \$100)



# 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 (mm/dd/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.

# APPLICATION QUESTIONS

**Please print**

1. Why do you consider yourself a good candidate for the Trades Sampler Program? Please discuss any interests, values, and/or skills that you feel will help you succeed in the program.

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2. What do you hope to learn or accomplish by taking the Trades Sampler Program?

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3. What is your transportation plan? The program is located in the Quigley Elementary School Annex? *(775 Graham Road, Kelowna, BC)*

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ITA Customer Service  
 800 - 8100 Granville Ave  
 Richmond, BC V6Y 3T6  
 Tel: 778-328-8700  
 Toll Free: 1-866-660-6011  
 youth@itabc.ca

## Youth Explore Program Stream

### Registration Form

Please complete and return this form to your district career coordinator. All mandatory fields must be completed.

**\*Mandatory Fields**

**A. Student Information**

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Primary Phone Number: ( )	Secondary Phone Number: ( )	*Email Address:
Do you agree to receiving updates via SMS to your primary phone number?		<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>		

**B. Parent/Guardian's Information**

I, \_\_\_\_\_  
(print surname followed by given names of parent/guardian)

of \_\_\_\_\_  
(street address) (city, town) (postal code)

**Declare that:**

- I am the  custodial parent  legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to Industry Training Authority for the purpose of registering the student with the ITA in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Parent/Guardian's Signature:	Date (MM/DD/YYYY):
SD/Independent Board Authority Contact's Signature :	Date (MM/DD/YYYY):

**C. Program Information (To be completed by School District/Independent Board Authority)**

Program Type (Select one): Youth Explore Trades Skills Youth Explore Trades Sampler <input type="checkbox"/>	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
Partnering Training Provider for Youth Explore Trades Sampler:		

# TEACHER RECOMMENDATION

A teacher related to the program the student is applying for should complete the Teacher Recommendation. The information on this recommendation 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>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
1. Attendance/Punctuality Comments: _____	<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"/>
3. Attitude Comments: _____	<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"/>
5. Initiative/Motivation Comments: _____	<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"/>
7. General Comments: _____				

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# CONSENT TO RELEASE INFORMATION

## contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account.

*Note: Many departments have their own release of information forms; for example, Disability Services and Counselling. Please contact them directly for a release form.*

### STUDENT PROFILE

**Legal Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

**OC Student ID:** \_\_\_\_\_ **Date of Birth (dd/mm/yy):** \_\_\_\_\_

**Add Release (only one person per release)**

**Name (First and Last):** \_\_\_\_\_ Central Okanagan Public Schools - Career Life Programs \_\_\_\_\_

**Relationship to you:**

- |   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Citizenship & Immigration Canada | <input type="checkbox"/> Employer | <input type="checkbox"/> Family |
| <input type="checkbox"/> Friend                           | <input type="checkbox"/> Lawyer   | <input type="checkbox"/> Parent |
| <input checked="" type="checkbox"/> School District       | <input type="checkbox"/> Sponsor  | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Other: _____                     |                                   |                                 |

**Note:** Select "All" and enter the effective dates to consent all of the items to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

**Effective Dates** (maximum of 2 years): **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
(today's date) (two years from today's date)

### INFORMATION TO RELEASE

<input checked="" type="checkbox"/> All current information listed below  <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Status of application <i>Application decision, outstanding items and deadlines</i> <input type="checkbox"/> Financial information <i>Tuition, fees, fines, invoices/statements/receipts and tax receipts, which all may include your program, name, address and student ID</i> <input type="checkbox"/> Transcript of academic record and confirmation of enrolment <i>Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID</i> <input type="checkbox"/> Media information <i>All images and sound recordings in any media for any purpose</i> <input type="checkbox"/> Other: _____ _____
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You may rescind or amend this authorization in writing or in your myOkanagan account at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit the completed form with an original signature to the Registrar**

