

#### School District #83 (North Okanagan Shuswap) Dual Credit ACADEMIC Application

(Updated October 20, 2014)

### Dual Credit Program Application Checklist

Items 1 – 8 must be completed fully by student before application will be accepted

Student Name:\_\_\_\_\_\_School:\_\_\_\_\_\_School:\_\_\_\_\_

- 1. 
  □ Completed application form signed by parent/guardian
- 2. 
  ☐ Student Education/Transition Plan (refer to the attached document)
- 3. One (1) page personal letter explaining your reasons for applying.
- 4. D One (1) letter of reference from employer or family friend (not family member) (refer to attached form)
- 5. D One (1) letter of recommendation from a teacher (refer to attached form)
- 6. 🛛 Resume
- 7.  $\Box$  A copy of birth certificate
- 8. D TRU Start BC requirements completed (if applicable)

For Office Use Only	For Office Use Only	For Office Use Only	
1. 🛛 Attendance Rep	ort from past 2 years		
2. 🛛 Current Transcri	ot		
3. IEP or Psyche Ed de	signation <u>y</u> es <u>no</u> (a	attach any documents)	
4. 🛛 College Permissi	on Release Information form	i (if applicable)	
School Administration (sig	nature) check:		Date
"School-based" Career Sta	ff (signature):		
Date			

\_\_\_\_\_ Date of a successful interview

\_\_\_ Date documents sent to the District Career Office

\_\_\_\_\_Official letter sent to student regarding acceptance, conditions and fees

# \*\*Programs are offered subject to all required SD#83 and, where applicable, college approvals, including sufficient enrolment, funding, and staffing.

(Please	print	clearly	and	fill in	<u>ALL</u>	information
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1. School		Current Grade	Date	
2. Student Nam	e			
	(Last)	(Middle)		(First)
Mailing Address				
Student Email _				
		Student Cell Phone (if app		
Parent Cell Phon	e (if applicable)			
Date of Birth				
PEN#	Ex	pected Graduation Date (i	.e. June 2016)	
(Obtain f	rom school secretary)			
3. Program/Cou	ırse (i.e. Office Assistan	t, English 100) I am apply	ving for:	
0,	,	, , , , , , , , , , , , , , , , , , , ,	-	_
Circle:	ONLINE or	ON CAMPUS		Program Name
				School/Location
				Dates of Program
	ou will succeed in this le ool classroom setting.	arning environment ( <b>on-lir</b>	<b>ne or on campus</b> ) as it	t is much different than a
		h may affect your success i nswered "Yes", please exp		t your instructor should

6. Do you have an IEP or learning condition which may require special assistance? Circle <u>Yes or No</u>. If you answered "Yes", please explain below.

	"Dual Credit Understandings"
	this program with my son/daughter and give permission for him/her to ual credit program.
-	rmation given in this application is true and complete to the best of our lerstand that, if selected for a Career Program; falsified statements may be
	at <i>tuition only will be paid</i> on our behalf by School District 83. Students are ase text books and other supplies and pay any other fees required.
We authorize investable application.	tigation of all statements contained herein and the references listed in this
	er Program to use any program related picture of my son/daughter for the ion and communications for the Program.
effort to gain full be	<b>At all</b> students attending dual credit program are expected to make a sincere enefit from their training. In order for this to occur, regular attendance, ork practice and progress at an acceptable rate are necessary to maintain

By signing below, we acknowledge that we have <u>read and agree</u> to the "Dual Credit Understandings" stated above.

Student Signature

Date

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

#### STUDENT EDUCATION/TRANSITION PLAN

TODAY'S DATE: STU	DENT NAME:
SECONDARY SCHOOL:STU	JDENT GRADE:
Grade 10: English/Socials/Science/Math/PE/Planning requirer Grade 11: English/Socials/Science/Math required	nents
SEMESTER ONE	SEMESTER TWO

Grade 12: English 12 or Communications 12 required

SEMESTER ONE	SEMESTER TWO

Transition Courses (ie. PSIQ 12A)	When Taken (ie. January 2013)	Location (ie. Salmon Arm)	Institution (ie. Okanagan College)

PARENT/GUARDIAN SIGNATURE:	DATE:
STUDENT SIGNATURE:	DATE:
CAREER CO-ORDINATOR/COUNSELLOR SIGNATURE:	_ DATE:

## **Teacher Reference Form**

Student Name (first and last):	
Course(s):	
Grade: School:	
This student has applied for a seat in:	(student to write down the name of the program)

Please provide frank comments about this student.

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: \_\_\_\_\_

(feel free to write an additional letter of reference)

#### **Teacher Reference completed by:**

Name:	Phone #:
Signature:	

# **Employer/Community Reference Form**

Student Name:	
This student has applied for a seat in:	(Student to write down the name of the program)
Name of Business:	Phone #:
Name of Employer:	(please print)
Signature of Employer:	
	Or
Name of Community Member:	(please print)
Signature of Community Member:	Phone #:

Please provide frank comments about this student. Only "tick" the traits that applicable to your relationship with the student.

	Excellent	Good	Satisfactory	Needs
Please check the following traits as:	(4)	(3)	(2)	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: \_\_\_\_\_

\_\_\_\_\_