School District No. 83 (North Okanagan Shuswap)
Academic Dual Credit Application

Dual Credit Program Application Checklist
Items 1 – 8 must be completed fully by student before application will be accepted

Student Name: _____ **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. ☐One (1) letter of reference from employer or family friend (not family member) (refer to attached form)
5. ☐One (1) letter of recommendation from a teacher (refer to attached form)
6. ☐Resume
7. ☐A copy of birth certificate

For School Office Use Only **For School Office Use Only** **For School Office Use Only**

1. ☐Attendance Report from past 2 years
2. ☐Current Transcript
3. IEP or Psyche Ed designation ☐yes ☐no (attach any documents)
4. ☐College Permission Release Information form (if applicable)

School Administration (signature) check: _____Date_____
Comments: _____
_____
_____

"School-based" Career Staff (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 SD83 and - where applicable - college approvals, including sufficient enrolment, funding, and staffing.**

(Please print clearly and fill in <u>ALL</u> information)

1. School _____ Current Grade _____ Date _____

2. Student Name _____

(Last) (Middle) (First)

Mailing Address _____

City _____Postal Code _____

Student Email _____

Parent Email _____

Home Phone _____Student Cell Phone (if applicable) _____

Parent Cell Phone (if applicable)_____

Social Insurance Number _____

Date of Birth _____

Male ☐ Female ☐ Non-Binary ☐

Do you identify yourself as an Indigenous person? ☐Yes ☐No Name of Indigenous Band: _____

Have you lived in a foster home anytime in your life for a minimum of two years? ☐Yes ☐No

Were you born in another country besides Canada? ☐Yes ☐No

If yes, what country, and what year did you arrive in Canada? _____

PEN _____ Expected Graduation Date (i.e. June 2026) _____
(Obtain from school secretary)

3. **Program/Course (i.e. Office Assistant, Health Care Certificate) I am applying for**:

_____ Program Name

Circle: ONLINE or ON CAMPUS

_____School/Location

_____ Dates of Program

4. Explain how you will succeed in this learning environment (**<u>on-line or on campus</u>**) as it is much different than a regular high school classroom setting.

_____

_____

5. Do you have a medical condition which may affect your success in this program or that your instructor should be aware of? Circle **Yes or No**. If you answered "Yes", please explain below.

_____

_____

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

_____

_____

"Dual Credit Understandings"

We have discussed this program with my son/daughter and give permission for him/her to participate in this dual credit program.

We certify the information given in this application is true and complete to the best of our knowledge and understand that, if selected for a Career Program; falsified statements may be reason for removal.

We understand that ***tuition only will be paid*** on our behalf by School District 83. **Students** are **expected to purchase text books and other supplies and pay any other fees required.**

We authorize investigation of all statements contained herein and the references listed in this application.

We allow the Career Program to use any program related picture of my son/daughter for the purpose of promotion and communications for the Program.

We understand that all students attending dual credit program are expected to make a sincere effort to gain full benefit from their training. In order for this to occur, regular attendance, punctuality, safe work practice and progress at an acceptable rate are necessary to maintain

By signing below, we acknowledge that we have read and agree 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: _____ STUDENT NAME: _____

SECONDARY SCHOOL: _____STUDENT GRADE: _____

Grade 10: English/Socials/Science/Math/PE/Planning (CLE & CLC) requirements
Grade 11: English/Socials/Science/Math required

SEMESTER ONE	SEMESTER TWO

Grade 12: English 12 or Communications 12 required

SEMESTER ONE	SEMESTER TWO

Transition Courses (i.e. PSIQ 12A)	When Taken (i.e. January 2019)	Location (i.e. Salmon Arm)	Institution (i.e. 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 No.: _____

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 No: _____

Name of Employer: _____ (please print)

Signature of Employer: _____

Or

Name of Community Member: _____ (please print)

Signature of Community Member: _____ Phone No:_____

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