

**Career Education Department
Surrey Schools (SD #36)
14033 – 92 Avenue, Surrey, BC V3V 0B7**

District Partnership Program Application

PLEASE PRINT CLEARLY

NOTE: Student is only funded for one program.

Fee paying International students are ineligible to apply.

This is the first time I've applied for any District Partnership or Academic Dual Credit Program. Yes No

| | | | |
|--|-------------------|--------------------|---------------|
| Name: | | | |
| | <i>Legal Last</i> | <i>Legal First</i> | <i>Middle</i> |
| Preferred First Name: | | School: | |
| School Career Facilitator Name: | | | |

PROGRAM CHOICES - Please indicate the program for which you wish to apply. **If you are applying for more than one program**, please indicate the programs in the fields below and please ensure you fill out an application for each program.

First Choice: _____ **Second Choice:** _____

If applying for two programs, please indicate here which one of the programs this application is for: _____

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Automotive Service Technician 1 ▪ Baking & Pastry Arts ▪ Carpentry - Frank Hurt ▪ Carpentry – Guildford Park ▪ Collision and Refinishing Common Core ▪ Culinary Arts – Professional Cook 1 ▪ Drafting/CADD ▪ Education Assistant ▪ Electrician ▪ Explorations in Aviation Careers | <ul style="list-style-type: none"> ▪ Hairstylist ▪ Heavy Mechanical Trades ▪ Horticulture ▪ Metal Fabricator ▪ Millwright (Industrial Mechanic) ▪ Painter ▪ Piping ▪ Tah-tul-ut (tátəl'ət) Indigenous Education Pathway ▪ Trades Sampler ▪ Welding |
|--|--|

- Information session required.
 - This application is to be completed by all applicants wishing to apply for admission to the above Surrey School District Partnership Programs.
 - Deadline for submission of this application for the 2022-2023 school year is _____.
 - This application is to be returned to the Career Facilitator at your school before the application due date.
 - Completing the application and being interviewed does not guarantee acceptance into the program.

Student & Parent Checklist – Permission and Information Session

Student Checklist

In order to be accepted into a Partnership Program you must meet the following requirements:

- Be between 15 and 19 years of age
 - Have not yet achieved Ministry of Education graduation
 - Be currently registered and attending as a student in School District #36 (Surrey)
 - Have met the English and Math requirements for the specific program
 - Have a good attendance and punctuality record
 - Complete all pages of the application
 - Sign the Student Personal Information Form
 - Have one of the teachers (preferably in a related subject area) complete the Teacher Reference Form
 - Provide a reference from a member of the community such as a community coach, employer, or group leader in the form of a letter or use the Community Reference Form attached
 - Complete and hand in resume with the application
 - Bring completed application to the Career Facilitator for submission
 - Complete a preliminary interview with the Career Facilitator
 - Career Facilitator will notify you if you are successful for a district interview
- Submit completed CTC – Math Assessment Results
 Attach a copy of Food Safe Certificate Level 1 (Baking & Pastry Arts and Culinary Arts programs only)
 Attend or join the program's information session (**see Information Session section below**)

Program Information Session: The school Career Facilitator will provide details.

I attended/joined the information session on: **Date:** _____

Or

I viewed a recorded information session on: **Date:** _____

Parent Permission and Support

- I am aware that my child is funded for only one program.
- I am aware that there are materials and equipment costs for this program for which I am responsible.
- I am aware we are responsible for arranging transportation for my child to and from the program.
- My child demonstrates a level of maturity suitable to a post-secondary institution.
- I have read and signed the Media / Website Consent Form.
- Please read and sign this page and the Student Personal Information Form.

I have reviewed the above information with my child and I hereby grant my child permission to participate in the District Program: _____

Student Name: _____

Parent's/Guardian's Signature: _____ **Date:** _____

Student Personal Information

Please print clearly.

PEN # 9 digits: _____

(Found on a report card. If you cannot find this number, see your Career Development Facilitator.)

Full Legal Name:

(no initials)

Legal Last

Legal First

Middle

Mailing Address:

Address

City

Postal Code

Phone Student cell: _____

Cell (if student doesn't have a cell provide parent's)

Phone Parent Primary: _____

E-mail Address

(Mandatory): _____

Date of Birth: _____

Month/Day/Year

Gender Identification: Male Female

(other)

Age: _____

Grade: _____

Indigenous student: Yes No

Are you a Canadian Citizen? Yes No **IF NO** you must attach a copy of your Permanent Resident card.

Emergency / Medical Information:

Emergency Contact: _____

Last name

First Names

Relationship to the Applicant: _____

Phone number(s): _____

Primary

Secondary

Personal Health #: _____

Medical Concerns:

Describe any medical/physical problems that the school/post-secondary institution should be aware of, or that might affect performance (i.e. diabetes, epilepsy, medication, asthma, allergies, previous physical injuries, etc.).

Ministry of Education Designation **(complete this section in consultation with your Career Facilitator and/or Counsellor):**

Do you have a Ministry of Education Designation? Yes No (If no the remainder of this section doesn't apply, go to signatures.)

If yes, what is/are your designations(s)? (List MOE designations below, see codes on MyEd - Programs.)

If the assessments are available, you must attach the Psychoeducational Report & most recent copy of the IEP to this application.

Describe any special needs that the school/post-secondary institution should be aware of, or that might affect performance.

If you have a designation would you: choose to accept services choose to not accept services

Parent/Guardian: I hereby understand that information contained herein will be provided to the instructor(s) of the applicable post-secondary institution.

Parent/Guardian Signature: _____ **Date:** _____

Applicant: I certify that all statements on this application are true and complete.

Applicant's Signature: _____ **Date:** _____

Media / website consent form

News Media

The Surrey School District occasionally receives requests from the news media to interview, photograph or video record individuals or groups of students in connection with news stories. Also, reporters are sometimes invited to schools to publicize events, as well as student and school successes.

There are great stories in our schools to share and as a public body, we attempt to cooperate with the media whenever possible. However, your right to personal privacy is our priority. Therefore, we ask that this consent form be signed and returned to the school so we can respect your wish for family privacy.

Yes, as the parent/guardian of the student named below, I give my consent to the publication/broadcast of his/her picture and/or name by the news media as described above.

No, as the parent/ guardian of the student named below, I do not give my consent for the publication or broadcast of his/her picture and/or name by the news media, when and where the school or school district has control over such activity*.

***School & district staff cannot control news media access or photos/videos taken at public locations such as field trips, or school events open to the public, such as sports tournaments, student performances, school board meetings, etc.**

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School / District Websites & Publications

In accordance with the *Freedom of Information and Protection of Privacy Act*, the Surrey School District requires consent to use a student's full name and/or photograph/video in a public way, such as on school or district websites or in written publications such as brochures, reports and advertisements. **Therefore, your permission is requested to publicly post or publish your child's full name, photo or video of your child in connection with school or district activities for websites, brochures, reports or advertisements.**

Yes, as the parent or guardian of the student named below, I give my consent to the publication of his/her name, photo or video as described above.

No, as the parent or guardian of the student named below, I do not give my consent for the publication of his/her name, photo or video as described above.

(Consent for secondary school students is valid until graduation. Consent for elementary students remains valid until Grade 8. However, you may review and change your consent at any time by contacting your school.)

Parent / Guardian Signature

Date

Secondary Student Signature

Date

Student's Name (print): _____ **Div:** _____ **Grade:** _____

Student Statement of Interest and Intent

(attach an additional page if more space is required)

Name: _____ **Program:** _____

1. What have you done to prepare yourself for study and work in this area (i.e. related job, course work, work experience, extra-curricular activities, reading, interviewing people, etc.)?

2. What skills do you have that will help you be successful in this program?

3. What interests you about a career in this field?

4. What knowledge do you have of this career field (i.e., opportunities for work, working conditions, wages, safety equipment, etc.)?

5. What are your interests outside of school (hobbies, sports, clubs, special talents, etc.)?

Career Facilitator's
Checklist and Recommendations

Name of Student: _____

School: _____ Date: _____

Program applying for: _____

- I have interviewed this student and provided him/her with a clear understanding of the program, its purpose and conditions for acceptance.
- I have reviewed the approximate program fees with the student.
- The student has attended/joined the information session or viewed the recorded session.
- Student Photo and Medical Concerns ([attach BC Student Information with Photo Report, run and print PDF](#))
- Achievement history grade 8 to present is attached to the application ([attach 2 reports: Diploma Verification and Official School Transcript](#))
- Student Program Code(s) ([attach Membership Programs from MyEd – SPED, Aboriginal, French Immersion, ESL](#))
- Recent attendance from beginning of school year to present: [attach report: Class Attendance](#) (Please see [instructions for attendance printout on the HUB](#) "SD36 Student Class Attendance w Counts")
- Attach current IEP, psychoeducational report, and Permanent Resident card, if applicable.
- The student has completely filled out the application form, including these documents:
 - Personal Information - Statement of Interest and Intent
 - Teacher Reference - Resume
 - Community Reference
- CTC "Math Assessment" has been done. Attach the results **summary**.
- Confirm current marks if interim reports have not been completed for all required courses.
- Completed the "Ministry of Education Designation" section on Page 3 as applicable.
- After student is conditionally accepted, complete a transition plan and, if applicable, the post-secondary statement of intent.

I find this student's qualities with regards to this program on a scale of 1 (weak) to 10 (exceptional):

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

- Could this student be counted on to represent the District favourably in a college/university setting?
 Yes Possibly No
- Do you feel this student has a sincere interest in this District Partnership Program?
 Yes Possibly No

Facilitator's Comments (mandatory):

Career Facilitator's Signature: _____ Date: _____

Community Reference

The following individual has applied to obtain a seat in the Surrey School District Partnership Program. Please return this form in a **SEALED ENVELOPE** to the applicant. Thank you.

| | | | | | | | |
|---|-----------|-----------|--------------|----------|------------------------|----------|--|
| PART 1: Applicant Information | | | | | | | |
| Applicant Name: | | | | | | | |
| Partnership Program Applied for: | | | | | | | |
| PART 2: Reference Contact Information | | | | | | | |
| Name: | | | | | Job Title: | | |
| Email: | | | | | | | |
| Contact Phone Number: | | | | | | | |
| PART 3: Referee to complete the confidential reference below. | | | | | | | |
| How long and in what capacity have you known the applicant? | | | | | | | |
| | | | | | | | |
| How well do you know the applicant: <input type="checkbox"/> Slightly <input type="checkbox"/> Well <input type="checkbox"/> Very well | | | | | | | |
| Would you recommend this applicant for a seat in the Surrey School District Partnership Program position he/she applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain why you would or would not recommend this applicant: | | | | | | | |
| | | | | | | | |
| PART 4: Please complete the rating section below. | | | | | | | |
| | Excellent | Very Good | Satisfactory | Marginal | N/A | Comments | |
| Quality of Work | | | | | | | |
| Ability to Take Directions | | | | | | | |
| Organizational Skills | | | | | | | |
| Willingness to Learn New Skills | | | | | | | |
| Punctuality / Attendance | | | | | | | |
| Reliability / Commitment | | | | | | | |
| Leadership Qualities | | | | | | | |
| Honesty | | | | | | | |
| Trustworthiness | | | | | | | |
| Dependability | | | | | | | |
| Additional Comments: | | | | | | | |
| | | | | | | | |
| Referee's Signature | | | | | Date completed: | | |
| | | | | | | | |

Thank you for completing this CONFIDENTIAL reference.
Your input will help place students into a School District #36 (Surrey) Partnership Program.
If you require more space than the comments section allows, please attach a letter to this page.
If necessary, you may be contacted for additional information.