

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 (CCW to meet grad requirements in June before starting program)
 - ☐ 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 (**ECE Program only - 2 Douglas College Character Reference Forms provided by school Career Facilitator instead of Community Reference Form**)
 - ☐ 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 the program's information session (**see Information Session section below**)

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

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

Instructor / CDF Signature: _____

Parent Permission and Support

- ☐ I am aware of the **materials and equipment costs** for this program for which I am responsible. (see fee schedule)
- ☐ 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 (name): _____

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:

Personal E-mail

Address (Mandatory):

Date of Birth:

_____ *Month/Day/Year*

Gender Identification: Male ☐ Female ☐ Non-binary ☐ Prefer not to answer ☐ **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): _____

Grade: _____

Student Statement of Interest

(Please type in fillable form or use blue or black ink only.
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.)?

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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.)?
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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 1 copy 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 gr 8-12](#))
- ☐ Student Program Code(s) ([attach Membership Programs from MyEd – SPED, Aboriginal, French Immersion, ELL](#))
- ☐ Recent attendance from beginning of school year to present: [attach report: Class Attendance](#) (Please see [instructions for attendance printout on the Staff Portal "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
 - Teacher Reference
 - Resume
 - Community Reference *For ECE Program replace with 2 Douglas College Character References
- ☐ CTC "Math Assessment" has been done. Attach the results **summary 1st pg only**.
- ☐ **Confirm current marks for second semester courses, with a percentage.**
- ☐ 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 Plan.

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
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- 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 have you known the applicant?
How do you know the applicant?

How well do you know the applicant: ☐ Slightly ☐ Well ☐ Very well

Would you recommend this applicant for a seat in the Surrey School District Partnership Program position he/she applied for? Yes ☐ No ☐ 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.