

Architectural Drafting



Name (please print clearly) _____

Current Grade & School _____

Intended Start Date/Grade _____

**please note: a separate application must be completed for each program you wish to apply for*

Program Summary

Duration: Daytime, September – June of Grade 12

Prior to Program: Successful completion of all required Grade 10 and Grade 11 courses including Math 11 Precalculus OR Foundations, English Language Arts 12. Physics 11 recommended.

Location: UFV Trades & Technology Centre, Chilliwack

Transportation: Daily bus from Abbotsford Senior Secondary

Equipment & Textbook costs: Approximately \$200

Work Experience: 120 hours in industry

Certification Received: Architectural Drafting Technician Certificate

University Transition and Technology Program Objectives

This program enables students to earn both secondary school graduation credits and post-secondary credit and/or credentials which may be transferrable to additional post-secondary studies and/or credentials.

Application Requirements:

- I am registered at a secondary school in Abbotsford School District.
- I will be under 19 at the start of this program AND not graduated from secondary school.
- I am aware of the details of the program I am applying for, including costs for any equipment or textbooks, location of program and transportation arrangements, length of program and days/times program runs.
- I have completed all sections of this application to the best of my knowledge, including parent signatures.
- I have attached to this application my most recent report card or an unofficial transcript or diploma verification.
- I have submitted my complete application to my school's Career Facilitator, OR to the District Career Program Office (2606 Alliance St.).
- I understand that if my application is incomplete, it may result in a delay in processing or may be rejected.
- I understand that once my application is processed, I will be contacted about the next steps.
- If I am accepted to a Career Program, I understand I must attend a **mandatory** program orientation with a parent or guardian prior to the program start date.

I do hereby declare that I will adhere to the School District Code of Conduct, adhere to the Code of Conduct required by the Designated Training Provider, attend all courses, and maintain passing grades in all courses. I am aware that this program is a challenging opportunity and am willing to abide by the rules set forth by the Abbotsford School District and associated post-secondary institution.

Applicant's Signature

Parent's Signature

District Career Programs - Registration



APPLICANT INFORMATION (please complete ALL sections, and print clearly in ink)

Legal Last Name _____ Legal First Name _____

Usual Last Name _____ Preferred First Name _____

Birth Date (Day/Month/Year) _____

Home Address _____

Mailing address (if different from above) _____

The principal of a school may request a properly sworn Statutory Declaration from the enrolling parent or legal guardian attesting that the student's principal place of residence is the place indicated in this application. Applicants should note that making a false statutory declaration may constitute the criminal offence of perjury, contrary to Section 131 of the Canadian Criminal Code.

Applicant Cell Phone _____ Applicant Alternate Phone _____

Applicant **personal** email (please print clearly) _____

Home School & Current Grade _____ Year of Graduation _____

Gender Identity Male Female Nonbinary

INDIGENOUS ANCESTRY INFORMATION? Yes No If yes, Inuit Metis First Nations

CITIZENSHIP STATUS

Canadian Citizen or Permanent Resident International Student Parent/Guardian on Work Permit

PROGRAM CONSIDERATIONS (Speak to your Counsellor or Career Facilitator if you need assistance completing this section)

***Please attach to your application your most recent report card OR an unofficial transcript or diploma verification.**

1. Have you received learning assistance in middle or high school? Yes No Unsure

2. Do you have an Individualized Education Plan (IEP)? Yes No Unsure

3. Have you been an English Language Learner (ELL) student? Yes No Unsure

4. Have you been in a Special Education program in middle or high school? Yes No Unsure

If "yes" to #4, which program? _____

PARENT/GUARDIAN INFORMATION

Primary Contact

Relationship to applicant _____ Last Name _____ First Name _____

Address (if different than applicant) _____

Parent Cell Phone _____ Alternate Phone _____

Email (please print clearly) _____

Second Contact

Relationship to applicant _____ Last Name _____ First Name _____

Address (if different than applicant) _____

Parent Cell Phone _____ Alternate Phone _____

Email (please print clearly) _____

Are there any legal documents in force regarding custody/guardianship/access? Yes No

If **YES**, please explain briefly _____

Have you provided a copy of these legal documents to the home school? Yes No

MEDICAL INFORMATION

Dr Name _____ Phone _____ Care Card Number _____

Allergies and/or Conditions _____

Are any of these conditions life threatening? Yes No If **YES**, which? _____

Life Threatening Conditions/Medications or Treatment Required:

Condition _____ Treatment _____

(AP 327 – Medical Alert Conditions, AP328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website).

Name (printed) _____ Signed _____ Date _____
(Parent/guardian) (Parent/guardian)

STUDENT INFORMATION RELEASE

In accordance with the Freedom of Information and Protections of Privacy Act, Abbotsford School District requires consent to use personal information for purposes unrelated to educational programs. **Please sign for each item below if you authorize disclosure as described.**

I give my consent for release of my name, address, email and phone number to school district personnel to enable them to contact me regarding school issues, meetings or school related activities.

Parent/Guardian Signature _____ Date _____

STUDENT IMAGES

Your child’s photograph may be used for administrative and identification purposes consistent with providing an educational program. In addition, your child’s name, photograph and comments may be published in the school yearbook, school newsletter or brochure, school video or in a district annual report, calendar or website.

I consent to the use of my child’s name, photograph and comments for purposes consistent with the above.

Parent/Guardian Signature _____ Date _____

Students cannot be photographed in classrooms or in school yards during school hours without student or parental consent. However, there are various times throughout the school year, the school may invite spectators – including parents or media – to certain school events (school play, concert, sporting event, special classroom activities).

I consent to the publication of my child’s name, photograph and comments in the news media for purposes consistent with the above.

Parent/Guardian Signature _____ Date _____

Statements of Interest and Intent



Application to this program is a competitive process. Please give complete, detailed answers handwritten or printed in INK.

First & Last Name: _____

Career Goal or Pathway: _____

1. How have you prepared yourself for study in this area? (for example, in-school or external course work, extra-curricular activities, research)

2. How have you prepared yourself for work and/or a career in this area? (for example, volunteer work, work experience, job shadow, related job or transferrable job skills, external course work, certificates, leadership roles)

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

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

5. What knowledge do you have of this career field? (for example, opportunities for work, working conditions, wages, etc.?)

6. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement, and supports you can access if you are struggling with any aspect of this program.

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

8. Regular attendance is critical to your success in this program. Please explain any absences/lates you have this school year.

Teacher Reference Form (academic or elective teacher)



Student Name: _____

TO THE REFEREE: THIS REFERENCE IS CONFIDENTIAL - Please complete the reference and return to the student **OR** the Career Facilitator at your school in a **sealed** envelope **OR** fax it to 604-504-4619.

This student has applied for a seat in the _____ Program.

Course & Grade you taught this student: _____

The program this student is applying for is academically rigorous, with a **minimum** pass of 70%. The pace is very fast and the student must be self-motivated and able to directly apply the theory learned in class to his or her practical work. The ability to think critically is essential to student success.

1. Do you feel the student applying can meet these criteria?

YES NO POSSIBLY*

2. Could this student be counted on to represent the school district favorably in a post-secondary setting?

YES NO POSSIBLY*

3. Do you feel this student has a sincere interest in this District Career Program?

YES NO POSSIBLY*

If you selected "POSSIBLY" for one or more of these questions, please use the reverse of this sheet to explain this rating.

Abbotsford School District will pay the tuition for students enrolled in Career Programs. We appreciate you providing frank comments about this student to aid in the selection of appropriate candidates for this program.

Characteristic/Attribute	Excellent	Good	Satisfactory	Needs Improvement	N/A
Maturity					
Accuracy/ability to follow instructions					
Enthusiasm and interest					
Adaptable – adjusts to new situations					
Follows through on assigned tasks					
Attendance					
Punctuality					
Shows motivation to learn new skills					
Can work independently					
Has positive attitude towards work					
Accepts constructive criticism					
Makes changes as a result of constructive criticism					

Evaluation completed by: _____ School: _____

Phone & Email: _____ Signature: _____

UFV APPLICATION FOR ADMISSION

Please complete this form in **dark blue or black ink**, sign and return to any Office of the Registrar along with the nonrefundable application processing fee.



Office of the Registrar

604.854.4501

Toll Free: 1.888.823.8734

Email: admissions@ufv.ca

Preferred start date <input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Winter		Program of study <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree Upgrading		
Year		Indicate specific program		
Study preference <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Have you ever applied to UFV? <input type="checkbox"/> Yes <input type="checkbox"/> No UFV student number (if known)		
Legal last name (family name)		Legal first name (in full)		Middle name (if applicable)
Former last name		Preferred first name		
Mailing address (street number, street)		City or town	Province or state	Country (if not Canada) Postal code
Primary phone	Cell phone	Email address		
Birthdate YYYY M M M D D		Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Other (contact OReg) <input type="checkbox"/> Permanent Resident/ Landed Immigrant		
Gender Male Female Another gender identity		(OPTIONAL) Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit		
Emergency contact name		Relationship	Phone number	

Secondary Education

BC personal education number (BC students, Grade 12 during or after 1990)		Submit a request for your BC high school transcript to be sent electronically to UFV through the BC Ministry of Education Student Transcripts at https://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates		
High school name		City & province/state	Country	
Dates of attendance YYYY M M M to YYYY M M M		Graduation date (if applicable)	Highest grade completed (or in progress) <input type="checkbox"/> 7 or less <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> GED	

Post-secondary institutions attended (you MUST report all post-secondary institutions attended)

Name of institution		Name of institution		
Dates of attendance YYYY M M M to YYYY M M M		Dates of attendance YYYY M M M to YYYY M M M		
Location	Degree, diploma, or certificate received	Location	Degree, diploma, or certificate received	
Have you ever been suspended/expelled from any post-secondary institution and/or program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Declaration: Personal information collected by the University of the Fraser Valley ("UFV") is used for a variety of purposes, including but not limited to those detailed below. An individual's personal information will only be collected, used and disclosed in accordance with applicable legislation. By submitting this application for admission I understand the information provided on this application and placed in a student record will be used for the purposes of recruitment, admission, registration, record keeping, graduation, non-academic support services, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act. For more information, please visit <https://www.ufv.ca/informationprivacy>. Limited student personal information is provided to partner institutions, UFV student societies for voting and membership purposes and for the administration of student benefit plans. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government. All documents submitted to support this application for admission become the property of UFV and will not be returned.

If I am admitted to UFV, I agree to abide by the policies, procedures, rules, and regulations of the university.

Applicant's signature (required)

Date

Office Use Only

Application received
 YYYY | M M M | D D

Initials

Application processing fee

Method of payment Cash INTERAC Cheque Visa Mastercard American Express

Amount \$	Card number	Expiry date	Cardholder's signature
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