

Application Requirements

Applicant: keep this form for your records

Applicants must meet the following requirements:

- Be nineteen years of age or under at start of the program and not graduated from high school
- Have successfully completed all high school courses required for graduation by start of program
- Be registered in an Abbotsford School District school.

Step 1:

- Submit **completed** Abbotsford School District Career Programs application package (requires both student and parent signatures).
- Include a copy of your most recent report card.

Package can be submitted to the Career Programs office at 2606 Alliance Street or to your high school Career Facilitator.

Step 2:

When the application package has been processed, students will be contacted regarding the following requirements:

- Students must write Abbotsford School District Programs Entrance Assessment
- Student **and** parent must attend an Orientation and/or Interview.

Only complete application packages will be processed.

www.careers.abbyschools.ca

Have you attached your most recent REPORT CARD to your application package?

Career Programs Application



Name (please print clearly) _____

Current Grade _____

ITA YOUTH TRAIN IN TRADES

- Automotive Service Technician
- Carpenter (Green Construction)
- Dairy Production Technician
- Electrician
- Hairstylist
- Heavy Equipment Operator
- Horticulture
- Professional Cook 1
- Refrigeration & Air Conditioning Mechanic (HVAC)
- Welder

UNIVERSITY TRANSITION

- Aviation
- Applied Business Technology
- Architectural Drafting
- Community Support Worker
- Health & Human Services

PRE-APPRENTICESHIP

I, _____ do hereby declare that I will:

- Adhere to the School District Code of Conduct
- Adhere to the School Code of Conduct
- Be in attendance at all courses
- 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 Abbotsford School District.

Student's Signature

Parent's Signature



District Career Programs Registration Form

STUDENT INFORMATION

Legal Last Name _____

Legal First Name _____

Usual Last Name _____

Preferred First Name _____

Legal Middle Name _____

Birth Date (Day/Month/Year) _____

Home Phone _____

Student email (please print clearly) _____

Home School _____

Grade _____ Gender Male Female

IMMIGRATION/CITIZENSHIP STATUS

International Student

ADDRESS INFORMATION

Street Address _____

Apt No _____ City _____

Province _____ Postal Code _____

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.

PROGRAM

Have you had learning assistance in middle or high school? Yes No

ELL (English Language Learner)

Special Education – which program? _____

*I have an IEP (Individualized Education Plan)

PARENTS/GUARDIANS

First Contact

Relationship to student _____

Last Name _____ First Name _____

Address (if different than student) _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Second Contact

Relationship to student _____

Last Name _____ First Name _____

Address (if different than student) _____

Home Phone _____ Work Phone _____

Cell phone _____ Email _____

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

If so, please explain briefly _____

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

MEDICAL INFORMATION

Dr Name _____ Phone _____

Care Card No. _____

Allergies and Conditions _____

Are any of these conditions life threatening? Yes No If so, 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 _____
(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.

Signature _____

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.

Signature _____

Students cannot be photographed in classrooms or in school yards during school hours without student or parental consent. However, 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.

Signature _____

Parents/Guardians: You can also register for School Cash Online, and have the convenient and secure option of paying for school items using a credit card online, 24/7. You can pay for school items such as trips, club/athletic fees and spirit wear. For online payments please register at <https://abbotsford.schoolcashionline.com> (it takes less than five minutes).

Statements of Interest and Intent



Architectural Drafting, Applied Business Technology, Aviation, Community Support Worker and Health and Human Services applicants

Application to this program is a competitive process. Please give detailed answers (to be completed by student in own handwriting)

Name: _____

Program: _____

Career Goal: _____

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

2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)

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? (i.e. 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 work experience.

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

8. Please explain any absences/lates you have this school year _____

Preferred start date (choose only one) <input type="checkbox"/> February <input type="checkbox"/> September <input type="text" value="Year"/> <input type="checkbox"/> Other _____	Have you ever applied to UFV? <input type="checkbox"/> Yes <input type="checkbox"/> No (include student number if known) UFV student number <input type="text"/>
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UFV/School District #34 (Abbotsford) program selection (mark one):

<input type="checkbox"/> Applied Business Technology	<input type="checkbox"/> Automotive Service Technician	<input type="checkbox"/> Community Support Worker	<input type="checkbox"/> Health & Human Services
<input type="checkbox"/> Architectural Drafting Technician	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Welding/Welder Fitter

Part 1 — Personal information

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	Country (if not Canada)	Postal code	Primary phone <small>Area code</small>	Mobile phone <small>Area code</small>	
Email address			Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed Immigrant or Permanent Resident <input type="checkbox"/> Study Permit		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another Gender Identity		Birthdate Y Y Y Y M M M D D			
What is your first language (mother tongue)?		(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"/> Metis <input type="checkbox"/> Inuit			

Part 2 — Academic information

BC personal education number <input type="text"/>	Expected high school graduation date: Y Y Y Y M M M	What is/was the main language of instruction in your last two years of high school?
High School name		City & Province/State

Part 3 — Declaration

I certify that all information submitted on this application is correct and complete. I understand that submission of this application permits the University of the Fraser Valley to request and/or confirm any information necessary to support my application; that submission of any false statement or documents may result in the cancellation of admission and/or dismissal from the university; and that information on falsifications may be shared with other post-secondary institutions (UFV Policy 70).

I understand the information provided on this application and placed in a student record will be used for the purposes of admission, registration, record keeping, graduation, research, and other purposes consistent with the University Act and Section 26(c) of BC's Freedom of Information and Protection of Privacy Act (FIPPA). For more information, please visit <https://www.ufv.ca/informationprivacy>. Certain student information is provided to partner Institutions, and to Student Societies for voting and membership purposes. Student information may be provided on a confidential basis to Statistics Canada as governed by the Canada Statistics Act, and to the BC Government.

If I am admitted to a program, I agree to abide by the rules and regulations of the university.

Signature	Date
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OFFICE USE ONLY

Term <input type="text"/>	<input type="checkbox"/> Admit	Application received Y Y Y Y M M M D D	Decision code <input type="text"/>	Initials <input type="text"/>
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ABBOTSFORD SCHOOL DISTRICT (NO.34)

Transportation 604.855.5278 Fax: 604.854.1448

STUDENT TRANSPORTATION REQUEST



UFV TRADES & TECHNOLOGY

STUDENT _____ <small>LAST NAME</small>	STUDENT _____ <small>FIRST NAME</small>
ADDRESS _____ <small>STREET ADDRESS</small>	STUDENT _____ <small>SECOND NAME</small>
CITY _____	SCHOOL ATTENDING _____
POSTAL CODE _____	
HOME PHONE _____	BIRTHDATE _____ <small>YEAR/MONTH/DAY</small>
ALTERNATE PHONE _____	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> GRADE _____
PARENT/GUARDIAN _____ <small>LAST NAME</small>	PARENT/GUARDIAN _____ <small>FIRST NAME</small>
PARENT/GUARDIAN EMAIL: _____	
PARENT/GUARDIAN _____ <small>REQUEST MUST BE SIGNED & DATED</small>	DATE: _____ <small>SIGNATURE</small>
REQUESTED START DATE: _____	

NOTE: ALL CANCELLATIONS MUST BE DONE 5 DAYS PRIOR TO THE END OF THE MONTH

Please allow up to five days for approval and processing
FAX TO TRANSPORTATION 604.854.1448

Approved UFV Trades Student bussing fees are covered by the program. Depending on availability and routing, riders may utilize Secondary School transfer buses to Abbotsford Senior in the AM only. Limited PM bussing from Abbotsford Senior may be available upon request.

BUSING DATA: To be completed by Transportation Department

START DATE: _____	SCHOOL: UFV TRADES		
A.M. 50 <small>BUS #</small>	8:10 <small>TIME</small>	Abbotsford Senior Bus Loop <small>AM BUS STOP</small>	UFV Trades Building <small>DROP OFF</small>
TRANSFER _____ <small>TO BUS #</small>	_____ <small>TIME</small>	_____ <small>AM TRANSFER LOCATION</small>	_____ <small>DROP OFF</small>
P.M. 50 <small>BUS #</small>	2:45 <small>TIME</small>	UFV Trades Building <small>PM SCHOOL PICK UP</small>	Abbotsford Senior @ 3:15 <small>DROP OFF LOCATION & TIME</small>
TRANSFER _____ <small>TO BUS #</small>	_____ <small>TIME</small>	_____ <small>PM TRANSFER LOCATION</small>	_____ <small>DROP OFF LOCATION & TIME</small>

APPROVED? NO COMMENTS _____

***** ALL STUDENTS ARE EXPECTED TO BE AT THEIR BUS STOP 5 MINUTES AHEAD OF PICK UP TIME *****