

APPLICANT: Please keep this form for your records

Program Summary

Duration: Daytime, September – May of Grade 12

Prior to Program: Successful completion of

- all required Grade 10 & Grade 11 courses
- English Language Arts 12

Location: UFV Trades & Technology Centre, Chilliwack

Transportation: Daily bus from Abbotsford Senior Secondary

Equipment & Textbook costs: Approximately \$500

Work Experience: 240 hours in trade OR Youth Work in Trades (480 hours)

Certification Received: Automotive Service Technician Level 1 (ITA Final Exam)

Industry Training Authority (ITA) Youth Train in Trades Program Objectives

ITA Youth Train in Trades is an industry certification program for BC secondary school students. The program enables students to earn both graduation credits and credit for the first level of technical training associated with an ITA Program or apprenticeship. Through Work Experience 12 or Youth Work in Trades 11/12, students can also earn credit towards the on-the-job component of an ITA Program. This is an opportunity for secondary school students to get a head start on earning their credentials in one of the more than 100 trades or industry occupations that are accredited or recognized by the Industry Training Authority.

Application Requirements:

- I am registered at a secondary school in Abbotsford School District
- I will be under 19 at the start of this program
- I am aware of the details of the program I am applying for, including:
 - o costs for any equipment or textbooks
 - o location of program and transportation arrangements
 - o 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, UFV Application and transportation form
- I have attached to this application my most recent report card and/or Check My Progress Interim marks, 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, and if I am a qualified candidate, I will be invited to write an entrance assessment and/or participate in an interview process
- If I am accepted to a Career Program, I understand I must attend a **mandatory** program orientation with a parent

District Career Programs

Application for Youth Train in Trades



Name (please print clearly) _____

For Office Use Only:

Current Grade & School _____

Program Applied for _____

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

Please Specify Intended Start Date/Grade _____

For ITA Youth Train in Trades Program Applicants:

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- If I am accepted to a Career Program, I understand I must attend a **mandatory** program orientation with a parent
- I have picture ID (such as BC ID, BC Driver's License, or a passport). ***If not, please ask for information on how to obtain this as one of these forms of ID will be required to write the final exam.***

I, _____ do hereby declare that I will:
(print applicant name)

- Adhere to the School District Code of Conduct
- Adhere to the Code of Conduct required by the Designated Training Provider
- Attend 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 the Abbotsford School District and associated post-secondary institution.

Applicant's Signature

Parent's Signature

District Career Programs - Registration



1. 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 Primary Phone _____ Applicant Alternate Phone _____

Applicant email (please print clearly) _____

Home School & Current Grade _____ Year of Graduation _____

Gender Male Female Another Gender Identity

(Optional) Do you identify yourself as an Indigenous person? Yes No

If yes, are you: First Nations Métis Inuit

2. CITIZENSHIP STATUS

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

3. 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 and/or Check My Progress Interim marks, 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? _____

4. PARENT/GUARDIAN INFORMATION

Primary Contact

Relationship to applicant _____ Last Name _____ First Name _____

Address (if different than applicant) _____

Primary Phone _____ Alternate Phone _____

Email (please print clearly) _____

Second Contact

Relationship to applicant _____ Last Name _____ First Name _____

Address (if different than applicant) _____

Primary 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

5. 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)

6. 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 _____

7. 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, 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 _____

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

First & Last Name: _____

Program Application for: Automotive Service Technician Carpentry Electrician Horticulture

Heavy Equipment Operator Welder

Hairstylist – for this program, please indicate if you are **right-handed** OR **left-handed**

Professional Cook – for this program, please indicate **preferred intake**: September February

AND **desired grade of entry**: Gr 11 Gr 12

Career Goal or Pathway: _____

1. How have you prepared yourself for study in the trades? (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 the trades? (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 a trade program?

4. What interests you about a career in the trades?

5. What knowledge do you have of careers in trades? (for example, opportunities for work, working conditions, wages, etc.?)

6. What will you do to ensure your success in this trade 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 any trade program. Please explain any absences/lates you have this school year.

Teacher Reference Form (academic or elective teacher)



Student: _____
Last Name First 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: _____

Ph. & Email: _____ Signature: _____

| | |
|---|---|
| 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"/> |
|---|---|

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 |
|------------------|-------------|

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"/> |
|-------------------------------------|--------------------------------|--|--|---|

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 <i>EMAIL</i> : _____ | |
| 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 | | |
| | | | UFV Trades Building |
| BUS # _____ | TIME _____ | AM BUS STOP _____ | DROP OFF _____ |
| TRANSFER _____ | | | |
| TO BUS # _____ | TIME _____ | AM TRANSFER LOCATION _____ | DROP OFF _____ |
| | | | |
| BUS # _____ | TIME _____ | PM SCHOOL PICK UP _____ | DROP OFF LOCATION & TIME _____ |
| TRANSFER _____ | | | |
| TO BUS # _____ | TIME _____ | PM TRANSFER LOCATION _____ | DROP OFF LOCATION & TIME _____ |
| | | | |
| APPROVED? NO <input type="checkbox"/> | COMMENTS _____ | | |

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