



APPLICANT: Please keep this form for your records

Program Summary

Students will complete the 4 Palo Alto courses – Fundamentals of Cybersecurity, Network Security, Cloud Security and Security Operations.

Duration: Daytime, February of Grade 11 to January of Grade 12 (no classes in July or August)

Prior to Program: Successful completion of

- all required Grade 10 courses including Math 10 Precalculus & Foundations
- prerequisites for Physics 11

Location: Blended learning format. Potential opportunity to participate in a dual-credit course at partner post-secondary institution

Equipment & Textbook costs: *TBD**

Secondary School Course Credit: 16 Grade 12 credits towards Graduation

Certification Received: Palo Alto Networks Certified Cybersecurity Entry-level Technician (PC CET) upon successful completion of industry exam

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:
 - 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
- 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 attached a Confidential Referral from a teacher or community member that is aware of my interests and abilities to be successful in this program
- 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

District Career Programs General Application



Name (please print clearly) _____

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 Office Use Only:

For University Transition and Technology Program Applicants:

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- 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 and/or Check My Progress Interim marks, OR an unofficial transcript or diploma verification
- 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 interview process
- If I am accepted to a Career Program, I understand I must attend a **mandatory** program orientation with a parent

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, at 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: Architectural Drafting , Cybersecurity, Aviation Ground School



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

First & Last Name: _____

Program Application for: Architectural Drafting
 Cybersecurity

Aviation Ground School – for this program, please indicate **preferred intake**: September January
AND **desired grade of entry**: Gr 11 Gr 12

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.

Confidential Referral for Cybersecurity Career Program



Student: _____
Last Name First Name

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

This student has applied for a seat in the **Cybersecurity** District Career Program.

1. **Please explain how you know this student (e.g., teacher, coach):** _____

2. **Please explain why you believe this student is a candidate for this program:** _____

The program this student is applying for is academically rigorous, including a university-level course. The pace is very fast and the student must be self-motivated and able to perform in a blended learning environment. The ability to think critically is essential to student success.

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

YES

NO

POSSIBLY*

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

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.

5. **Please provide your candid assessment of this student to aid in the selection of appropriate candidates for this program. Your responses are confidential.**

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					
Problem solving skills					

Evaluation completed by: _____

Ph. & Email: _____

Signature: _____