

## 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 Grade 11 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.
- Include \$40 Kwantlen application fee – cheque made out to Kwantlen Polytechnic University.

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](http://www.careers.abbyschools.ca)

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

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**

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

**ITA Youth Train in Trades applicants, please complete:**

I have picture ID in the form of BC ID, BC Driver's Licence or a passport. (If not, please ask for information on how to obtain this as one of these forms of ID will be required in order to write the final exam).

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

**ITA Youth Train in Trades Programs and 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 Industry Training Program or apprenticeship. Through work experience placements, they can also earn credit towards the on-the-job component of an Industry Training Program.

This is an opportunity for high 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.

I am aware that this program is a challenging opportunity and am willing to abide by the rules set forth by the ITA and 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



**(To be completed by student in own handwriting)**

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? \_\_\_\_\_

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3. What interests you about a career in this field? \_\_\_\_\_

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

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5. What will you do to ensure your success in this program? Speak specifically to attendance, work habits, academic achievement and work experience.

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

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# Teacher Reference Form (academic or program elective teacher)



**CONFIDENTIAL** - Please complete the reference and submit in a **sealed** envelope or fax to 604-504-4619.

Student: \_\_\_\_\_  
Last Name First Name

Course you taught this student: \_\_\_\_\_ Grade: \_\_\_\_\_

This student has applied for a seat in the \_\_\_\_\_ Program.

1. 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 what they are learning theory wise to practical work. The ability to think critically is essential to the student success.

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

YES                       POSSIBLY                       NO

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

YES                       POSSIBLY                       NO

3. Do you feel this student has a sincere interest in this District Partnership program?

YES                       POSSIBLY                       NO

4. As tuition for Career & Technical programs is covered by the Abbotsford School District, please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

	Excellent	Good	Satisfactory	Needs Improvement
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: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Signature: \_\_\_\_\_



Please use a black ink pen when completing this form

**Application for Admission**  
for ACE-IT Partnership Programs in  
**The Faculty of Trades & Technology**

OFFICE USE ONLY
School District

DESIRED PARTNERSHIP PROGRAM	
<b>Select one:</b> <input type="checkbox"/> Automotive <input type="checkbox"/> Masonry <input type="checkbox"/> Plumbing <input type="checkbox"/> Carpentry <input type="checkbox"/> Millwright <input type="checkbox"/> Welding <input type="checkbox"/> CADD <input type="checkbox"/> Piping <input type="checkbox"/> Other: _____ <input type="checkbox"/> Horticulture	
<b>Start Term:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<b>Start Year:</b>

FULL LEGAL NAME (NO INITIALS)		
Surname (Legal Last/Family name)		Former Surname (if applicable)
Legal Given <b>First Name</b>	Legal Given <b>Middle Name</b>	Preferred First Name

*Preferred name is displayed in KPU's e-learning environment*

CONTACT INFORMATION			
Email Address			
Mailing Address			City / Municipality
Province	Postal Code	Home Telephone	Cellular/Mobile Phone

PERSONAL INFORMATION	CITIZENSHIP STATUS	OPTIONAL			
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female * Date of Birth <table border="1" style="width: 100px; height: 30px; margin: 5px 0;"> <tr> <td style="width: 33px; text-align: center;">DD</td> <td style="width: 33px; text-align: center;">MM</td> <td style="width: 33px; text-align: center;">YYYY</td> </tr> </table> * Gender and date of birth are required for you to access the online student system and for identification purposes.	DD	MM	YYYY	Country of Citizenship _____ First Language _____ Country of Birth _____  Citizenship Status* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (landed Immigrant) <input type="checkbox"/> Approved Convention Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Diplomat or Dependent <input type="checkbox"/> Not a Citizen of Canada  <i>*Legal documentation may be required</i>	KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35(2)]. <input type="checkbox"/> I wish to be identified as an Aboriginal person.  If you have chosen to identify as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity: <input type="checkbox"/> Indian/First Nations (include Status, non-Status, Treaty and non-Treaty) <input type="checkbox"/> Métis <input type="checkbox"/> Inuit  <input type="checkbox"/> Please contact me regarding Aboriginal student support and services
DD	MM	YYYY			

EMERGENCY CONTACT		
Surname (Legal Last/Family name)		Legal Given <b>First Name</b>
		Telephone

ADDITIONAL INFORMATION
I am requesting information on student services related to: <input type="checkbox"/> Illness or disability <input type="checkbox"/> Students with children <input type="checkbox"/> Scholarships and financial assistance

**SECONDARY SCHOOL EDUCATION (HIGH SCHOOL)**

If you are presently attending Secondary (High School), when will you graduate? \_\_\_\_\_

School Name \_\_\_\_\_

Location \_\_\_\_\_

Present Grade \_\_\_\_\_ Date \_\_\_\_\_  
Term Ends \_\_\_\_\_

Will you be graduating? \_\_\_\_\_ Personal Education Number (BC only) \_\_\_\_\_

*If you are currently attending grade 12 in B.C. you need to submit the Post-Secondary Institution (PSI) Selections form between Nov—Jun of the school year to ensure your grades are released to Kwantlen Polytechnic University. The form is available online at:*

**LEGAL**

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University. Completion of this signed application permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my application for admission.

I authorize the release of all British Columbia secondary school interim and final grades by the British Columbia Ministry of Education to Kwantlen Polytechnic University. If I am admitted to Kwantlen Polytechnic University, I agree to familiarize myself with and to abide by the most current policies of the University during my tenure as a student at the University.

In signing this application for admission, I understand that this information, along with subsequent information placed in my student records will be used for the purposes of admission, registration, graduation, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies and dual enrolment partners. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their Application for Admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on the admission form is being collected under the authority of the University Act.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY (Do not write in shaded areas)**

Date	Entered By:	Initials
Comments		KPU Student ID#