

APPLICANT: Please keep this form for your records

Program Summary

Duration: Daytime, March – May of Grade 12

Prior to Program: Successful completion of

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

Location: KPU (Kwantlen Polytechnic University), Langley Campus

Transportation: responsibility of student

Equipment & Textbook costs: Approximately \$500

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

Certification Received: Landscape Horticulturalist 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 and KPU Application
- 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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- 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 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, 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 _____

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: _____



APPRENTICESHIP REGISTRATION REQUEST FORM

Apprentice Services

KPU Cloverdale, Surrey, Richmond and Langley

Email: apprentice@kpu.ca Fax: 604-598-6111

Full tuition and fees are due when accepting a seat offer. A \$10.00 non-refundable Apprentice Evaluation fee will be added for each registration. Payments can be made in person by debit, cheque or money order (payable to KPU).

KPU Student No (if available)

PERSONAL INFORMATION

Surname (Legal Last/Family name)		Former Surname (if applicable)	
Legal Given First Name	Legal Given Middle Name	Preferred First Name	
*Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		*Date of Birth: DD/Mon/YYYY	
*Gender and date of birth are required for access to the online student system and for identification purposes.			
Citizenship: Please check one of the following: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident (landed immigrant) <input type="checkbox"/> Approved Conventional Refugee <input type="checkbox"/> Minister's Permit <input type="checkbox"/> Diplomat or Dependent <input type="checkbox"/> Not a Citizen of Canada		KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian Metis 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 be identified 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"/> Metis <input type="checkbox"/> Inuit	

CONTACT INFORMATION

Mailing Address			
City / Municipality	Province / State	Postal Code	Country
Email Address	Home Telephone	Cellular/Mobile Phone	
High School Attended:	Date of Graduation:	PEN (if available)	

EMERGENCY CONTACT

Surname (Legal Last/Family Name)	Legal Given First Name	Telephone
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APPRENTICESHIP

ITA Individual ID Number (REQUIRED)	Apprenticeship Program and Level:
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SPONSORSHIP

Apprentices that have their Sponsor/Employer paying the tuition and fees must submit a Letter of Authorization on company letterhead indicating the payment method and if the sponsored amount is to include books and supplies. Our finance department will invoice for payment.

I certify all statements on this form are true and complete and no information has been withheld. I understand any misrepresentation of this information may result in the cancellation of my registration status and falsifying documents or information may result in immediate and permanent dismissal from the University. Completion of this signed form permits KPU to request and/or confirm any information necessary to support my registration. I agree to familiarize myself with and abide by the most current policies of the University during my tenure as a student. In signing this declaration, I understand this information along with subsequent information placed in my student record will be used for the purposes of registration, research, student association and other purposes consistent with the mandate of the university. KPU reserves the right for the Registrar to share information with applicable Ministries, government agencies, the Industry Training Authority, and/or your employer. KPU also reserves the right for the Registrar to share information with other post-secondary institutions in situations where a student has been found to have falsified documents or other information. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information being collected on this form is being collected under the authority of the University Act.

Signature: _____ Date: _____

OFFICE USE ONLY

Received By:	Date:	Paid By
REGISTRATION : Course schedules and registration CRN's can be found online at www.kpu.ca/apprentice		
Level	CRN	Start Date