

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



(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.?)

2. What skills do you have that will help you be successful in this program? _____

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

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

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

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



CONTACT SHEET AND CONSENT TO DISCLOSE PERSONAL INFORMATION

Name _____ Address: _____

City: _____ Province/Postal Code: _____ / _____

Contact Numbers: (H) _____ (C) _____

Email Address: _____

Emergency Contact

Name: _____

Contact Numbers: (H) _____ (C) _____

Email Address: _____

Relationship _____

While attending JARTS Refrigeration School it is necessary for the facility and its administrators to release personal information to companies listed below in order to submit grades and complete examination and certification requests. We will also require your email address to be kept on file for us for course notifications and registration information.

I, _____, consent to the release of my personal information as defined below by JARTS Refrigeration School of Surrey to the listed companies.

- INDUSTRY TRAINING AUTHORITY (ITA) - complete mailing address, phone number, registration and apprenticeship ID numbers for the purpose of training and official documents
- BC SAFETY AUTHORITY - complete mailing address, phone number, registration and apprenticeship ID numbers for the purpose of training and official documents
- EMPLOYER (Appropriate School District) - complete mailing address, phone number, registration and apprenticeship ID numbers for the purpose of scheduling training of education

If any of this information is no longer accurate up to date I, _____, agree to update it with the office at JARTS at my earliest convenience.

Student Signature

Parent/Guardian Signature

Date



CONSENT FOR THE RELEASE OF INFORMATION

I (print name of student) _____ agree, by signing this form, to allow my instructor(s) and others at Joint Apprentice Refrigeration Training School to discuss and/or release information about my progress and participation in the Refrigeration & Air Conditioning Mechanic Train in Trades program to the following individual and/or agency:

Name of Agency/person (Print) _____ *Abbotsford School District*

Name of Agency/person (Print) _____ *Industry Training Authority (ITA)*

Name of Agency/person (Print) _____

Applicant Signature _____

Date: (yyyy/mm/dd) _____

This form must be signed by a legal guardian if the student is under 19 years of age.

Parent/Guardian (Print) _____

Parent/Guardian Signature _____

Date: (yyyy/mm/dd) _____

*This authorization is valid for two years from the date of signing.
For further information, please contact the Joint Apprentice Refrigeration Training School or the Abbotsford School District.*

