Professional Cook Level 1





Name (please print clearly)	
Current Grade & School	
Intended Start Date/Grade*please note: a separate application must be completed for each pro	ogram you wish to apply for
Prior to Program: Successful completion of all required C Location: Abbotsford Senior Secondary Transportation: responsibility of student Equipment & Textbook costs: Equipment \$350, Textbook	ok \$165 Trades (480 hours) to be applied to Work-Based Training n Professional Cook 1 (400 work-based training hours
program enables students to earn both graduation credi associated with a SkilledTradesBC Program. Through pra the work-based training component of a Skilled Trades P	ification program for BC secondary school students. The its and credit for the first level of technical training acticum placements, students can also earn credit towards
 □ I have submitted my complete application to my sch Office (2606 Alliance St.). □ I understand that if my application is incomplete, it r □ I understand that once my application is processed, □ If I am accepted to a Career Program, I understand I parent or guardian prior to the program start date. □ I have picture ID (such as BC ID, BC Driver's License, obtain this as one of these forms of ID will be required. 	ng for, including costs for any equipment or textbooks, ts, length of program and days/times program runs. he best of my knowledge, including parent signatures. eport card or an unofficial transcript or diploma verification. cool's Career Facilitator, OR to the District Career Program may result in a delay in processing or may be rejected. I will be contacted about the next steps. must attend a mandatory program orientation with a or a passport). If not, please ask for information on how to red to write the final exam.
by the Designated Training Provider, attend all courses, a	ict Code of Conduct, adhere to the Code of Conduct required and maintain passing grades in all courses. I am aware that to abide by the rules set forth by the Abbotsford School
Applicant's Signature	Parent's Signature

District Career Programs - Registration



ΑP	PPLICANT INFORMATION (please complete ALL sections,	, and print clearly in ink)					
Legal Last Name		Legal First Name					
Usi	Isual Last Name Prefe	erred First Name					
Bir	irth Date (Day/Month/Year)						
Но	lome Address						
Ma	Nailing address (if different from above)						
the	he principal of a school may request a properly sworn Statutory Declar ne student's principal place of residence is the place indicated in this ap eclaration may constitute the criminal offence of perjury, contrary to S	oplication. Applicants should note that making a false statutory					
Ар	pplicant Cell Phone Ap	plicant Alternate Phone					
Ар	pplicant personal email (please print clearly)						
Но	lome School & Current Grade	Year of Graduation					
Ge	iender Identity Male 🗆 Female 🗀 Nonbir	nary 🗆					
INI	NDIGENOUS ANCESTRY INFORMATION? Yes □ No	☐ If yes, Inuit ☐ Metis ☐ First Nations ☐					
CIT	ITIZENSHIP STATUS						
	anadian Citizen or Permanent Resident \square Internationa	I Student □ Parent/Guardian on Work Permit □					
cu.		rated and an arranged and arranged and arranged and arranged and arranged and arranged and arranged arranged and arranged arrange					
PROGRAM CONSIDERATIONS (Speak to your Counsellor or Career Facilitator if you need assistance completing this section)							
	Please attach to your application your most recent repor erification.	t card OR an unofficial transcript or diploma					
1.	. Have you received learning assistance in middle or high	n 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) stude	ent? Yes □ No □ Unsure □					
4.	. Have you been in a Special Education program in middl	e or high school? Yes □ No □ Unsure □					
	If "yes" to #4, which program?						
PA	ARENT/GUARDIAN INFORMATION						
Rel	rimary Contact elationship						
to	o applicant Last Name	First Name					
Ad	ddress (if different than applicant)						
Pai	arent Cell Phone Alt	ternate Phone					
Em	mail (please print clearly)						

Second Contact Relationship to applicant	Last Name	First Name	e		
Address (if different than applicant					
Parent Cell Phone	Altern	ate Phone			
Email (please print clearly)					
Are there any legal documents in f	orce regarding custody/gu	ardianship/access?	Yes □ No □		
If YES , please explain briefly					
Have you provided a copy of these	legal documents to the hon	ne school?	Yes □ No □		
MEDICAL INFORMATION					
Dr Name	Phone	Care Card Num	ber		
Allergies and/or Conditions					
Are any of these conditions life thr	eatening? Yes □ No □	If YES, which?			
Life Threatening Conditions/Medica	ations or Treatment Require	ed:			
Condition	Treatmen	t			
(AP 327 – Medical Alert Conditions, AP328 Copies are available at the school office or		o Students, and AP 330 – Aller	gic Shock (Anaphylaxis).		
Name (printed)(Parent/guardi	Signed		Date		
(Parent/guardi	an)	(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.					
Parent/Guardian Signature		Date			
STUDENT IMAGES Your child's photograph may be used educational program. In addition, yo yearbook, school newsletter or brock	ur child's name, photograph	and comments may be pu	ublished in the school		
I consent to the use of my child's nan	ne, photograph and commer	nts for purposes consisten	t 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, there 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			

Statement of Interest and Intent – Professional Cook



Application to this program is a competitive process. Please give complete, detailed answers handwritten or printed in INK. First & Last Name: Professional Cook – for this program, please indicate **preferred intake**: September \square February AND desired grade of entry: Grade 11 □ Grade 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) 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?

	What knowledge do you have of careers in trades? (for example, opportunities for work, working conditions vages, 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)



Stu	udent Name:				
	THE REFEREE: THIS REFERENCE IS e Career Facilitator at your school i		•		student OR
Th	is student has applied for a seat in	the			Program
Со	urse & Grade you taught this stude	ent:			
an	e program this student is applying d the student must be self-motivat ork. The ability to think critically is o	ted and able to directly app	ly the theory lea		
1.	Do you feel the student applying	g can meet these criteria?			
	☐ YES	\square NO		☐ POSSIBLY*	
2.	Could this student be counted or	n to represent the school d	istrict favorably	in a post-secondary set	tting?
	☐ YES	\square NO		☐ POSSIBLY*	
3.	Do you feel this student has a sin	ncere interest in this Distri	ct Career Prograi	n?	
	☐ YES	\square NO		☐ POSSIBLY*	
If y	ou selected "POSSIBLY" for one or more o	of these questions, please use the	reverse of this shee	t to explain this rating.	
	botsford School District will pay though			•	•
Ch	aracteristic/Attribute	Excellent Goo	d Satisfactory	Needs Improvement	N/A
Ma	turity				
Ac	curacy/ability to follow instructions				
Ent	thusiasm and interest				
Ad	aptable – adjusts to new situations				
Fol	lows through on assigned tasks				
Att	endance				
Pu	nctuality				
Sho	ows motivation to learn new skills				
Cai	n work independently				
На	s positive attitude towards work				
Ac	cepts constructive criticism				
Ma	ikes changes as a result of construct	ive criticism			
Eva	aluation completed by:		Sch	ool:	
Ph	one & Email:	S	ignature:		