

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 10 courses 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 Career Programs Entrance Assessment
- Student **and** parent must attend an Orientation and/or Interview.

Only complete application packages will be processed.

www.abbotsfordcareerprograms.com

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)
- Electrical
- Hairstylist
- Heavy Equipment Operator
- Horticulture
- Professional Cook 1
- Welder
- Dairy Production Technician

UNIVERSITY TRANSITION

- Aviation
- Applied Business Technology
- Architectural Drafting
- 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

Health & Human Services applicants

Application to this program is a competitive process. Please give detailed answers
(to be completed by student in own handwriting)

Name: _____

Program: _____

Career Goal: _____

1. What have you done to prepare yourself for study in this area (i.e. course work, extra-curricular activities, reading, interviewing people, etc.?)

2. What have you done to prepare yourself for work in this area (i.e. volunteer work, work experience, job shadow, related job or transferrable job skills, interviewing people, etc.?)

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

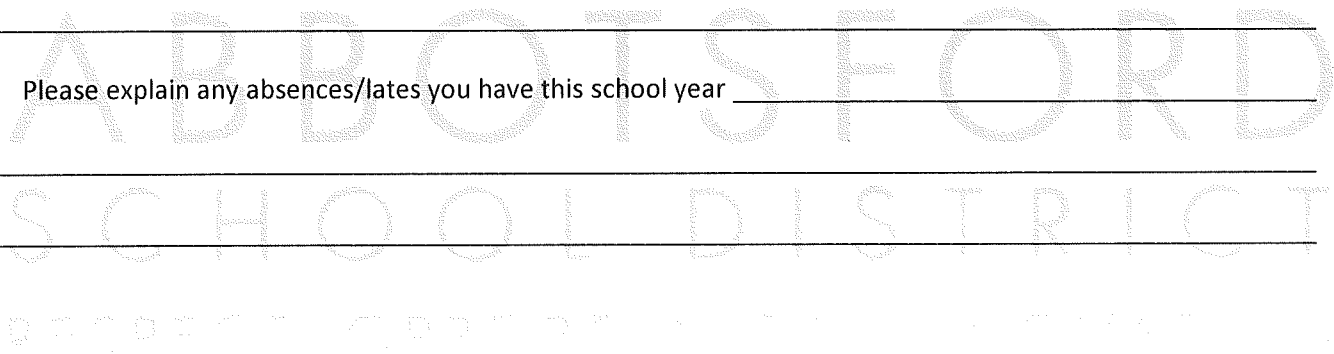
4. What interests you about a career in this field? _____

5. What knowledge do you have of this career field? (i.e. 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 work experience.

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

8. Please explain any absences/lates you have this school year



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.

- 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

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

YES POSSIBLY NO

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

YES POSSIBLY NO

- 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: _____



APPLICATION FOR ADMISSION

UFV/School District #34 (Abbotsford) Programs

Preferred start date (choose only one) <input type="checkbox"/> February <input type="checkbox"/> September Year: <input style="width: 100px;" type="text"/> <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	Have you ever applied to UFV? <input type="checkbox"/> Yes <input type="checkbox"/> No (include student number if known) UFV student number <input style="width: 350px; height: 20px;" type="text"/>
UFV/School District #34 (Abbotsford) program selection (mark one): <input type="checkbox"/> Applied Business Technology <input type="checkbox"/> Automotive Service Technician <input type="checkbox"/> Electrical Work <input type="checkbox"/> Welding/Welder Fitter <input type="checkbox"/> Architectural Drafting Technician <input type="checkbox"/> Carpentry <input type="checkbox"/> Health & Human Services	

Part 1 — Personal information

Legal last name (family name)		Legal first name (in full)		Middle name (if applicable)
Former last name		Preferred first name		
Mailing address (street number, street)				
City or town		Province	Country (if not Canada)	Postal code
Primary phone		Alternate phone		Email address
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>		Citizenship <input type="checkbox"/> Canadian citizen <input type="checkbox"/> Landed immigrant <input type="checkbox"/> Other (contact A&R)	
What is your first language (mother tongue)?		(OPTIONAL) Do you identify yourself as an Aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		

Part 2 — Academic information

BC personal education number <input style="width: 250px; height: 20px;" type="text"/>	Expected high school graduation date: <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	What is/was the main language of instruction in your last two years of high school?
High School name		City & Province/State

Part 3 — Declaration

To the best of my knowledge, all of the information listed above is correct. If I am admitted to the University of the Fraser Valley, I agree to abide by its policies and regulations. I understand that the information I provide to UFV will be used for the purposes of admission, registration, research, and other purposes consistent with the University Act and the Freedom of Information and Protection of Privacy Act. Documents may be released to partner institutions in order to process UFV degree applications. The name, ID number and address of registered students will be given to the Student Union Society for voting and membership purposes.

Signature	Date
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OFFICE USE ONLY Term <input style="width: 100px; height: 20px;" type="text"/> <input type="checkbox"/> Admit <input type="checkbox"/> Other <small>(Fee payers apply directly to UFV.)</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">Dept. head signature</td> </tr> <tr> <td>Application received/postmarked</td> <td>Decision code</td> <td>Initials</td> </tr> <tr> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> </tr> </table>	Dept. head signature			Application received/postmarked	Decision code	Initials	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
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