

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.abbotsfordcareerprograms.com

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)
- 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

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, 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.

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.)

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: _____



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 type="text"/> <input type="checkbox"/> Other <input 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 type="text"/>
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UFV/School District #34 (Abbotsford) program selection (mark one):

Applied Business Technology
 Automotive Service Technician
 Electrical Work
 Welding/Welder Fitter
 Architectural Drafting Technician
 Carpentry
 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
Area code <input type="text"/>		Area code <input type="text"/>		Local <input type="text"/>
Gender	Birthdate		Citizenship	
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<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	Expected high school graduation date:	What is/was the main language of instruction in your last two years of high school?
<input type="text"/>	<input type="text"/>	<input type="text"/>
High School name		City & Province/State
<input type="text"/>		<input type="text"/>

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
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY Term <input type="text"/> <input type="checkbox"/> Admit <input type="checkbox"/> Other (Fee payers apply directly to UFV.)	Dept. head signature			Application received/postmarked			Decision code			Initials		
	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		
	Y Y Y Y M M M D D			Y Y Y Y M M M D D			<input type="text"/>			<input type="text"/>		
	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		





ABBOTSFORD SCHOOL DISTRICT (NO.34)

Transportation 604.855.5278 Fax: 604.854.1448

STUDENT TRANSPORTATION REQUEST



UFV TRADES & TECHNOLOGY

STUDENT _____ <small>LAST NAME</small>	STUDENT _____ <small>FIRST NAME</small>
ADDRESS _____ <small>STREET ADDRESS</small>	STUDENT _____ <small>SECOND NAME</small>
CITY _____	SCHOOL ATTENDING _____
POSTAL CODE _____	
HOME PHONE _____	BIRTHDATE _____ <small>YEAR/MONTH/DAY</small>
ALTERNATE PHONE _____	GENDER Male <input type="checkbox"/> Female <input type="checkbox"/> GRADE _____
PARENT/GUARDIAN _____ <small>LAST NAME</small>	PARENT/GUARDIAN _____ <small>FIRST NAME</small>
PARENT/GUARDIAN EMAIL : _____	
PARENT/GUARDIAN _____ <small>REQUEST MUST BE SIGNED & DATED</small>	DATE: _____ <small>SIGNATURE</small>
REQUESTED START DATE: _____	

NOTE: ALL CANCELLATIONS MUST BE DONE 5 DAYS PRIOR TO THE END OF THE MONTH

Please allow up to five days for approval and processing

FAX TO TRANSPORTATION 604.854.1448

Approved UFV Trades Student bussing fees are covered by the program. Depending on availability and routing, riders may utilize Secondary School transfer buses to Abbotsford Senior in the AM only. Limited PM bussing from Abbotsford Senior may be available upon request.

BUSING DATA: To be completed by Transportation Department

START DATE: _____ **SCHOOL: UFV TRADES**

A.M. 50 BUS # _____	8:10 TIME	Abbotsford Senior Bus Loop AM BUS STOP	UFV Trades Building DROP OFF
TRANSFER _____ TO BUS # _____	TIME _____	AM TRANSFER LOCATION _____	DROP OFF _____

P.M. 50 BUS # _____	2:45 TIME	UFV Trades Building PM SCHOOL PICK UP	Abbotsford Senior @ 3:15 DROP OFF LOCATION & TIME
TRANSFER _____ TO BUS # _____	TIME _____	PM TRANSFER LOCATION _____	DROP OFF LOCATION & TIME _____

APPROVED? NO COMMENTS _____

*****ALL STUDENTS ARE EXPECTED TO BE AT THEIR BUS STOP 5 MINUTES AHEAD OF PICK UP TIME*****