



SD42 DUAL CREDIT APPLICATION

Western Community College

Student Personal Information

Please print clearly

Student # (7 digits): _____ Date of Birth: _____
(month/day/year)

Current School: _____

Full Legal Name: _____
(no initials) Legal Last Legal First Middle

Mailing Address: _____
Address City Postal Code

Phone Number(s): _____ Personal Email Address: _____
Cell (mandatory)

Gender Identification: Male Female Age: ____ Grade: ____ Indigenous student: Yes No
Are you a Canadian Citizen? Yes No **IF NO you must attach a copy of your Permanent Resident card.**

Parent Name: _____ Email: _____
Parent Cell Phone: _____ Home Phone: _____

Emergency / Medical Information

Personal Health #: _____
Emergency Contact: _____
Last Name First Name

Relationship to Applicant: _____ Phone #: _____
Primary Secondary

Medical Concerns:

Describe any medical/physical problems that the school should be aware of, or that might affect performance (i.e. diabetes, epilepsy, medication, asthma, allergies, previous physical injuries, etc).

Ministry of Education Designation:

(complete this section in consultation with your Career Facilitator and/or Counsellor)

Do you have a Ministry of Education Designation? Yes No (If not the remainder of this section doesn't apply, go to signatures.) If yes, what is/are your designations(s)? (List MOE designations below, see codes on MyEd - Programs.)

Describe any special needs that the school/post-secondary institution should be aware of, or that might affect performance.

If you have a designation, would you: choose to accept services choose to not accept services

Applicant: I certify that all statements on this application are true and complete.

Applicant's Signature: _____ **Date:** _____

Teacher Reference Form

(Course area teacher)

Student Name: _____ **Grade:** _____
(no initials) Legal Last Legal First

This student has applied for a seat in the **Nursing Prep** program as provided by **Kwantlen Polytechnic University**. Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

Please check the following traits as:	Excellent	Good	Satisfactory	Needs Improvement
1. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accuracy / ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Enthusiasm and interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adaptable - adjusts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follows through on assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Shows motivation to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has positive attitude towards work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Makes changes as a result of constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Could this student be counted on to represent the district favourably in a post secondary setting?				
	Yes <input type="checkbox"/>	Possibly <input type="checkbox"/>	No <input type="checkbox"/>	
14. Do you feel this student has a sincere interest in this Nursing Prep (KPU) program?				
	Yes <input type="checkbox"/>	Possibly <input type="checkbox"/>	No <input type="checkbox"/>	

Teacher Name: _____
(please print)

Course Taught: _____

Please make a personal comment(s) about this student:

Signature: _____ **Date:** _____

***NOTE** - to the Teacher Referee, please do not return this form to the student, but scan and send to Penny Griffin (SD #42 Dual Credit Implementation) at penny_griffin@sd42.ca OR return to the Career Centre in your school.

Media / website consent form

News Media

The Maple Ridge / Pitt Meadows School District occasionally receives requests from the news media to interview, photograph or video record individuals or groups of students in connection with news stories. Also, reporters are sometimes invited to schools to publicize events, as well as student and school successes.

There are great stories in our schools to share and as a public body, we attempt to cooperate with the media whenever possible. However, your right to personal privacy is our priority. Therefore, we ask that this consent form be signed and returned to the school so we can respect your wish for family privacy.

- Yes**, as the parent/guardian of the student named below, I give my consent to the publication/broadcast of his/her picture and/or name by the news media as described above.
- No**, as the parent/ guardian of the student named below, I do not give my consent for the publication or broadcast of his/her picture and/or name by the news media, when and where the school or school district has control over such activity.

School & district staff cannot control news media access or photos/videos taken at public locations such as field trips, or school events open to the public, such as sports tournaments, student performances, school board meetings, etc.

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District Websites & Publications

In accordance with the Freedom of Information and Protection of Privacy Act, the Maple Ridge/Pitt Meadows School District requires consent to use a student's full name and/or photograph/video in a public way, such as on school or district websites or in written publications such as brochures, reports and advertisements.

Therefore, your permission is requested to publicly post or publish your child's full name, photo or video of your child in connection with school or district activities for websites, brochures, reports or advertisements.

- Yes**, as the parent or guardian of the student named below, I give my consent to the publication of his/her name, photo or video as described above.
- No**, as the parent or guardian of the student named below, I do not give my consent for the publication of his/her name, photo or video as described above.

(Consent for secondary school students is valid until graduation. However, you may review and change your consent at any time by contacting your school.)

Parent / Guardian Signature _____

Date _____

Secondary Student Signature _____

Date _____

Student's Name (print) _____

Grade _____

Student Statement of Interest and Intent

Name: _____

WCC Program:

- Medical Office Assistant (full year) Early Childhood Education (full year)
 Pharmacy Assistant (full year - licensing at age 19) Health Care Assistant (full year)
 Hospitality Management Diploma (first year or semester)

* Programs availability depends on receiving a minimum of acceptable applications.

Answer the following questions in detail. The answers to these questions will be a determining factor in program acceptance.

1. Why are you applying for this program? How is it relevant to your post-secondary/career planning?

2. What skills do you have that will help you be successful in a post-secondary course?

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

6. Why do you consider yourself a good candidate for this program?

A current resume MUST be attached to this package.

Incomplete packages will not be processed

COMMUNITY REFERENCE

The following individual has applied to obtain a seat in the Maple Ridge/Pitt Meadows Dual Credit Program. Your personal feedback allows for a more comprehensive perspective of the applicant. Please return this form in a **SEALED ENVELOPE** to the applicant. Thank you.

PART 1: Applicant Information <i>Applicant Name:</i> _____ <i>Program applied to: WCC -</i> _____
PART 2: Reference Contact Information <i>Name:</i> _____ <i>Position:</i> _____ <i>Email:</i> _____ <i>Contact Phone Number:</i> _____
PART 3: Reference to complete the confidential reference below. <i>How long and in what capacity have you known the applicant?</i> <i>Would you recommend this applicant for a seat in the Dual Credit Program position for which they have applied? Yes <input type="checkbox"/> No <input type="checkbox"/></i> <i>If no, please explain:</i>

PART 4: Please complete the rating section below.

	Excellent	Very Good	Satisfactory	Marginal	N/A	Comments
Quality of Work						
Ability to Take Directions						
Organizational Skills						
Willingness to Learn New Skills						
Punctuality /Attendance						
Reliability / Commitment / Dependability						
Leadership Qualities						
Honesty / Trustworthiness						
Initiative						
Interpersonal / People Skills						
Additional Comments:						

Reference Signature: _____

Date: _____

Thank you for completing this CONFIDENTIAL reference.
 Your input will help to place students into a Maple Ridge/Pitt Meadows School District Dual Credit Program.
 If you require more space than the comments section allows, please attach a letter to this page.
If necessary, you may be contacted for additional information.