SD42 DUAL CREDIT APPLICATION
Western Community College
Early Childhood Education Assistant

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 **Early Childhood Education Assistant** program as provided by **Western Community College**. 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	☐	☐	☐	☐
2. Accuracy / ability to follow instructions	☐	☐	☐	☐
3. Enthusiasm and interest	☐	☐	☐	☐
4. Adaptable - adjusts to new situations	☐	☐	☐	☐
5. Follows through on assigned tasks	☐	☐	☐	☐
6. Attendance	☐	☐	☐	☐
7. Punctuality	☐	☐	☐	☐
8. Shows motivation to learn new skills	☐	☐	☐	☐
9. Can work independently	☐	☐	☐	☐
10. Has positive attitude towards work	☐	☐	☐	☐
11. Accepts constructive criticism	☐	☐	☐	☐
12. Makes changes as a result of constructive criticism	☐	☐	☐	☐

13. Could this student be counted on to represent the district favourably in a post secondary setting?
Yes ☐ Possibly ☐ No ☐

14. Do you feel this student has a sincere interest in this **ECEA (WCC)** program?
Yes ☐ Possibly ☐ No ☐

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: Early Childhood Education Assistant
* 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

Applicant Name: _____

Program applied to: **WCC** - Early Childhood Education Assistant Certificate

PART 2: Reference Contact Information

Name: _____ *Position:* _____

Email: _____

Contact Phone Number: _____

PART 3: Reference to complete the confidential reference below.

How long and in what capacity have you known the applicant?

Would you recommend this applicant for a seat in the Dual Credit Program position for which they have applied? *Yes* ☐ *No* ☐

If no, please explain:

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.