

Career Education Department
Surrey Schools (SD #36)
14033 – 92 Avenue, Surrey, BC V3V 0B7

Academic Dual Credit Course Application Package

PLEASE PRINT CLEARLY

NOTE: Student is only funded for one program.

Fee paying International students are ineligible to apply.

I have also applied for a District Partnership Program. Yes No If yes, name program: _____

I am applying for more than one Academic Dual Credit Course. Yes No If yes name other course: _____

Name: _____
Legal Last *Legal First* *Middle*

Preferred First Name: _____ School: _____

School Career Facilitator Name: _____

COURSE CHOICE

Please indicate the course for which you wish to apply:

CAPS 140 Community and Public Safety - Nicola Valley Institute of Technology

IAT 102 Graphic Design - Simon Fraser University

CYCC 1141 Introduction to Practice for Child and Youth Care Counsellors - Douglas College

HSCI 1115 Introduction to Health Science - Kwantlen Polytechnic University

LGLA 1125 Introduction to Legal Office Procedures - Kwantlen Polytechnic University

Student & Parent Checklist – Permission

Student Checklist

In order to be accepted into an academic dual credit course you must meet the following requirements:

- Be currently in Grade 11
- Be 19 years of age or under
- Have not yet achieved Ministry of Education graduation
- Be currently registered and attending as a student in Surrey Schools (SD #36)
- Have met the English and Math requirements for the specific program
- Have a good attendance and punctuality record
- Complete all pages of the application
- Have all signatures on the Student Personal Information and Post-Secondary Plan pages
- Have one of my teachers (preferably in a related subject area) complete the Teacher Reference Form
- Complete and hand in resume with the application
- Bring completed application to the Career Facilitator for submission
- Complete a preliminary interview with the Career Facilitator
Attend virtual information session, or watch recording of virtual information session

Parent Permission and Support

- I understand that the Surrey School District will pay tuition for this course
- I understand there may be textbook costs for this course for which I am responsible
- I understand that if applicable we are responsible for arranging transportation to and from the campus
- I understand that the grades (including withdrawals) earned in the courses will be placed on the student's high school record and post-secondary academic history
- My child demonstrates a level of maturity suitable to a post-secondary institution
- I have read and signed the Media / Website Consent Form
- Please read and sign this page, the Student Personal Information Form, and the Post-Secondary Plan

I have reviewed the above information with my child and I hereby grant my child permission to participate in the

Academic Dual Credit Course: _____

Student Name: _____

Parent's/Guardian's Signature: _____ **Date:** _____

Student Personal Information

Please print clearly.

PEN # 9 digits: _____

(Found on a report card. If you cannot find this number, see your Career Development Facilitator.)

Full Legal Name:

(no initials)

Legal Last

Legal First

Middle

Mailing Address:

Address

City

Postal Code

Phone Student cell: _____

Cell (if student doesn't have a cell provide parent's

Phone Parent Primary: _____

Personal E-mail

Address (Mandatory): _____

Date of Birth: _____

Month/Day/Year

Gender Identification: Male Female Non-binary Prefer not to answer **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.**

Emergency / Medical Information:

Emergency Contact: _____

Last name

First Names

Relationship to the Applicant: _____

Phone number(s): _____

Primary

Secondary

Personal Health #: _____

Medical Concerns:

Describe any medical/physical problems that the school/post-secondary institution 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 no 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.)

If the assessments are available, you must attach the Psychoeducational Report & most recent copy of the IEP to this application.

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

Parent/Guardian: I hereby understand that information contained herein will be provided to the instructor(s) of the applicable post-secondary institution.

Parent/Guardian Signature: _____ **Date:** _____

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

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

Media / website consent form

News Media

The Surrey 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.***

School / District Websites & Publications

In accordance with the *Freedom of Information and Protection of Privacy Act*, the Surrey 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. Consent for elementary students remains valid until Grade 8. 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

(Please type in fillable form or use blue or black ink only.)

Name: _____ **Course:** _____

1. Why are you applying for this course? 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, safety equipment, etc.)?

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

Career Facilitator's Checklist and Recommendations

Name of Student: _____

School: _____ Date: _____

Course applying for: _____

- I have interviewed this student and provided them with a clear understanding of the course, its purpose and conditions for acceptance
- Student Photo and Medical Concerns ([attach BC Student Information with Photo Report, run and print PDF](#))
- Achievement history, grades 10 and 11, is attached to the application ([attach 2 reports: Diploma Verification and Official School Transcript gr 8-12](#))
- Student Program Code(s) ([attach Membership Programs from MyEd - SPED, Aboriginal, ELL, etc.](#))
- Recent attendance from beginning of school year to present: [attach report: Class Attendance \(Please see instructions for attendance printout on the Staff Portal "SD36 Student Class Attendance w Counts"\)](#)
- Attach current IEP, psych-educational report, and Permanent Resident card, if applicable
- The student has completely filled out the application form with signatures, including these documents:
 - Student Personal Information
 - Teacher Reference
 - Resume
 - Statement of Interest
 - Post-Secondary Plan
- Confirm current marks for second semester courses, with a percentage.**
- After student is accepted, complete a transition plan and the applicable post-secondary application form

I find this student's qualities with regards to this course on a scale of 1 (weak) to 10 (exceptional):

1	2	3	4	5	6	7	8	9	10
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- Could this student be counted on to represent the District favourably in a post-secondary setting?
 Yes Possibly No
- Do you feel this student has a sincere interest in this academic dual credit course?
 Yes Possibly No

Facilitator's Comments (mandatory):

Career Facilitator's Signature: _____

Date: _____

Academic Dual Credit Course Application

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Post Secondary Plan

Please retrieve the **pre-filled Post Secondary Plan** from the folder on the Staff Portal.

Replace this page with the completed Post Secondary Plan for this course.

Located:

District Programs > Academic Dual Credit Packages > Documents > Academic Dual Credit Post Secondary Plans

[Academic Dual Credit Post Secondary Plans](#)

Example

Post-Secondary Plan



Student Full Name: _____ Home School: _____

Current Grade: _____ Date of Birth: _____ PEN: _____

PSI Course Applying for: Graphic Design IAT 102 Year Course to be Taken: 2023 - 2024

NOTE: The post-secondary course for which you are applying must be a required course in the program you intend to pursue toward a specific future career/occupation pathway. (If psychology is not a course required for the engineering program, you would be ineligible to take this course in support of your intended career pathway.)

Please respond to the following thoroughly and clearly:

1. State your current intended occupation or career pathway upon graduation from high school.
Graphic/Digital Designer
2. List the specific post-secondary school(s) and program(s) you plan to apply for in your grade 12 year.

Post –Secondary School Name	Program/diploma/certificate	Your intended Career /Occupation Pathway
SFU	BA: Interactive Arts & Technology Major	Graphic/Media Designer
UFV	Diploma or BFA: Graphic & Digital Design	Graphic/Digital Designer

The post-secondary course I have applied for is a required course in the post-secondary program I intend to complete.

SFU: <https://www.sfu.ca/students/calendar/2023/spring/programs/interactive-arts-and-technology/major/bachelor-of-arts.html>

UFV: https://www.ufv.ca/calendar/current/ProgramsF-L/GD_DIP.htm#program-outline