



Central Okanagan
Public Schools
Together We Learn

Central Okanagan Public School
DUAL CREDIT PROGRAMS –
COLLEGE FOR ARTS AND TECHNOLOGY
Explore Technology and the Arts

✓ Please choose which course:

VetEssentials

DesignXcel: Interior Design Sampler **SoundStart: Audio Engineering Sampler**

LAST NAME: _____ FIRST NAME: _____ USUAL FIRST NAME: _____

SCHOOL: _____ CURRENT GRADE: _____

LOCATION: **College for Arts and Technology, 100-1632 Dickson Avenue**

START DATE: **Semester 2 - February 2027**

GETTING STARTED:

- Students must be prepared to attend all classes and complete all course work.
- Students must complete an Info Session or Program Shadow at CAT before final acceptance into the program.
- Students are to return the completed application package to their school career coordinator/counsellor.
- Students are accepted based on aptitude/interest in the program, application package, teacher recommendation, and the student's readiness for a post-secondary learning program.

APPLICATION SUBMISSION:

Use the checklist to ensure your application is "complete" before submitting it to your high school Career Centre:

- Central Okanagan Public Schools Application Form
- CAT Consent to Release Information
- Application Questions - Clear and concise responses to the questions
- Teacher Recommendation
- High School Transcript (DVR) *School to print.
- IEP - Attach IEP if you have one

NOTES:

- Tuition fees only will be paid by SD23.
- Accepted applications will be required to submit a \$50 non-refundable deposit for the program upon acceptance to confirm their seat in the program.
- You are responsible for books/supplies and ancillary fees. DesignXcel is expected to be approximately \$200 for supplies.

CENTRAL OKANAGAN PUBLIC SCHOOLS APPLICATION FORM

PLEASE PRINT CLEARLY

Name _____

 Last Name

 First Name

 Usual First Name

Address _____

 City

Home Phone _____

Student Cell _____

Postal Code _____

Date of Birth (mm/dd/yyyy) _____

SIN _____

Canadian Citizen* Yes No Permanent Resident Yes

*Students must be a Canadian Citizen or Permanent Resident to earn the 2/4 credits. SIN must be provided.

Student email address: _____

NOT SD23 SCHOOL EMAIL, NO PARENT EMAIL, (USE GMAIL, HOTMAIL, ICLOUD ETC.) Students accepted into the program will be communicated with directly by the College for Arts and Technology (parent emails will not be included). Students must check their email inbox regularly for updates and information.

Parent / Guardian Contact _____

Parent/Guardian email address: _____

Home Phone _____

Work/Cell _____

Emergency Contact Person _____

Home Phone _____

Work/Cell _____

Are you currently on an IEP or Learning Plan? No Yes If yes, please specify which one:

IEP Learning Plan Behavior Support Plan

***Please include with application.

I/We certify the information given in this application is true and complete to the best of my knowledge and understand that, if selected for a Dual Credit Program, falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application. I allow SD23 Career-Life Programs to communicate to all Post-Secondary Institutions for educational purposes relating to my selected field of study. I allow SD23 Career-Life Programs to use any work or school related picture of myself for the purpose of promotion and communication of the program.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

CONSENT TO RELEASE INFORMATION contained in student academic records

In order to comply with privacy legislation and the College of Arts and Technology policy, any student who wishes the College to release their information to a third party must complete and sign this form.

STUDENT PROFILE

Legal Last Name: _____ Legal First Name: _____

CAT Student ID: N/A Date of Birth (dd/mm/yy): _____

Add Release (only one person per release)

Name (First and Last): Central Okanagan Public Schools - Career Life Programs

Relationship to you:

<input type="checkbox"/> Citizenship & Immigration Canada	<input type="checkbox"/> Employer	<input type="checkbox"/> Family
<input type="checkbox"/> Friend	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Parent
<input checked="" type="checkbox"/> School District	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Spouse
<input type="checkbox"/> Other: _____		

Note: Select "All" and enter the effective dates to consent all of the items to be released. Or select specific items and enter the effective dates to consent to the specified items to be released.

Effective Dates (maximum of 2 years): From: _____ To: _____
(today's date) (two years from today's date)

INFORMATION TO RELEASE

<input checked="" type="checkbox"/> All current information listed below <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Status of application <i>Application decision, outstanding items and deadlines</i> <input type="checkbox"/> Transcript of academic record and confirmation of enrolment <i>Official or unofficial transcript and related information, including grades, academic standing, and current, past, future registrations. Transcripts may include your name, address, and student ID</i> <input type="checkbox"/> Media information <i>All images and sound recordings in any media for any purpose</i> <input type="checkbox"/> Other: _____
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You may rescind or amend this authorization in writing at any time.

Signature: _____ Date: _____



APPLICATION QUESTIONS

Please print clearly:

Why do you consider yourself a good candidate for this course? Please discuss any interests, values, and/or skills that you feel will help you succeed in the program.

What do you hope to learn or accomplish by taking this course?

What is your transportation plan for attending two evenings per week? The program is located at the College for Arts and Technology, 100-1632 Dickson Avenue, Kelowna.

TEACHER RECOMMENDATION

A teacher related to the program of study the student is applying for should complete the teacher recommendation.

The information on this recommendation will be used to determine candidates for Central Okanagan Public Schools Dual Credit Programs.

Student Name: _____

Teacher: _____ **Class:** _____

School: _____ **Teacher Email:** _____

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Needs Improvement</i>
1. Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>			
2. Work Ethic and Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>			
3. Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>			
4. Ability to verbally communicate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>			
5. Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>			
6. Ability to follow rules/structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<hr/>			
7. General Comments:				

Teacher Signature: _____ **Date:** _____