



Central Okanagan  
Public Schools  
Together We Learn

Central Okanagan Public School  
**DUAL CREDIT PROGRAMS –  
TECHNOLOGY SAMPLER**  
Explore Technology

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ USUAL FIRST NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

PROGRAM: **TECHNOLOGY SAMPLER**

START DATE: September 2026

LOCATION: **Okanagan College – Kelowna Campus, 1000 KLO Road**

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**STUDENTS:** Please acknowledge by signing below that you filled out the application (not a parent/guardian) and understand the acceptance criteria is based on the following: application questions, interest in the field, teacher recommendation, and readiness to take an evening class at OC. Due to the volume, applications will also be date-stamped.

**Student Signature:** \_\_\_\_\_

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

- Central Okanagan Public Schools Application Form
- OC 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

\*If you are in Grade 9 at Knox, KLO or GMS, submit your completed applications to [careerlife.programs@sd23.bc.ca](mailto:careerlife.programs@sd23.bc.ca). No DVR is required.

**Accepted applicants will be required to submit a \$50 non-refundable deposit for the program upon acceptance to confirm their seat in the program.**

# 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 Okanagan College (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.

**Students must follow Okanagan College's Health & Safety Protocols.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CONSENT TO RELEASE INFORMATION contained in student academic records

In order to comply with privacy legislation and College policy, any student who wishes Okanagan College to release their information to a third party must complete and sign this form or fill in the online form in their myOkanagan account.

## STUDENT PROFILE

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

OC 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:

Citizenship & Immigration Canada

Employer

Family

Friend

Lawyer

Parent

School District

Sponsor

Spouse

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 or in your myOkanagan account at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICATION QUESTIONS

**Please print clearly:**

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

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What do you hope to learn or accomplish by taking the Technology Sampler program?

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What is your transportation plan for attending two evenings per week? The program is located at Okanagan College – Kelowna campus.

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## TEACHER RECOMMENDATION

**A teacher related to the program of study (Computer, Math, Science, etc.) 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:** \_\_\_\_\_