

SPECIALTY PROGRAMS

APPLICATION PACKAGE

Name: _____

Email: _____

School: _____

Grade: _____ D.O.B. _____

VSB Student #: _____

PEN #: _____

Select program of interest

Application Deadline



☐ Cisco Networking Academy

Killarney Secondary School, 6454 Killarney Street One-
Year Program in Grade 12, Semester 2

March 1st

Specialty program requirements

- must be a Canadian citizen or Permanent Resident
- enrolled in a Vancouver School District school
- have a mature attitude suitable to the program
- intention to complete graduation requirements
- ability to make own transportation arrangements
- meet academic standard required in specific program

Application Submission

- ensure you complete the checklist on page one before submitting
- send your application to Career Programs via the VSB blue bag, or scan and email to careerprograms@vsb.bc.ca, or mail to Career Programs 1580 W, Broadway Vancouver, BC V6J 5K8

Incomplete applications will be returned

More Information

- contact careerprograms@vsb.bc.ca

Program offerings are subject to the finalization of required partnerships and sufficient enrolment

For Office Use Only

Date Received: _____

☐ Entered DCMS

☐ Resume Attached

☐ Diploma Verification Report

Designation

APPLICATION CHECKLIST

Instructions for Specialty Program students and parents.

Place a check mark (☐) beside each step when complete.

Step 1: Gather Information

- ☐ Meet with your school Counsellor or Teacher to get an understanding of the programs, how they will be delivered, and how they will impact your graduation plan.
- ☐ Find out more about the career through work experience, job shadowing, volunteering, or networking.

Step 2: Complete Application Package

Page

<input type="checkbox"/> Application Cover Page	cover page
<input type="checkbox"/> Application Checklist Student	1
<input type="checkbox"/> Statement of Interest and Commitment	2
<input type="checkbox"/> Program Research	3
<input type="checkbox"/> Application for Admission	4
<input type="checkbox"/> Student Transition Plan	5
<input type="checkbox"/> Consent for Release of Information	6
<input type="checkbox"/> School Recommendation	7
<input type="checkbox"/> Teacher Reference Form	8
<input type="checkbox"/> Diploma Verification Report	
<input type="checkbox"/> Current documentation of any medical or learning disabilities	
<input type="checkbox"/> Current Resume	

Step 3: Submit Application

- ☐ Forward your completed application package to your school Counsellor or Teacher.
- ☐ Ask them to review it with you and have them blue bag it to Career Programs. Or, you may email or mail your application package to careerprograms@vsb.bc.ca, or mail it to Career Programs, 1580 W Broadway, Vancouver, BC V6J 5K8

What will happen next:

- A Career Programs staff member or your school contact will give you information about your interview.
- You may be asked to participate in an information session for your program area.
- You will be contacted by phone, letter or email and advised if you have or have not been accepted into the program.

If you are accepted into the program you will:

- Meet with your Counsellor to make the appropriate changes to your timetable.
- Attend the mandatory student and parent orientation night.

**It is your responsibility to ensure that your application is complete.
Only complete Application Packages will be processed.**

STUDENT STATEMENT OF INTEREST AND COMMITMENT

Student Name: _____

Please answer the following questions to the best of your ability. Please print clearly.

1. *What have you done to prepare yourself for study and work in this field? (e.g. related job or volunteer experience, extra-curricular activities, or courses, reading, interviews with people, etc.)*

2. *Explain the skills/talents you have that will help you succeed in the world of work.*

3. *What interests you most about this career?*

4. *Tell us about your interests outside of school (e.g. hobbies, sports, clubs, special talents, etc.)*

5. *Describe what you will do to be successful in this program.*

6. *Tell us about your attendance and punctuality (at school and/or at work).*

Student Name: _____

Name of Program: _____

Please answer the following questions to the best of your ability. Please print clearly.

Career Information

Describe the tasks and expectations involved in this field, including the physical demands and working conditions.

Future Outlook

What do immediate and long-range prospects look like in terms of employment in this field? Are work opportunities found locally, provincially, or elsewhere?

Potential Earnings

What are the average earnings of workers in this field? Is the work: full-time; part-time; year-round; or seasonal?

Website Resources:

- ✓ *My Blueprint <https://myblueprint.ca> (see your counsellor for the password)*
- ✓ *www.educationplanner.bc.ca*
- ✓ *www.workbc.ca (click on 'Start Your Career Trek')*

APPLICATION FOR ADMISSION

Student Information

Student Name: _____
(Legal Last Name) (Legal First Name) (Middle Name)

Mailing Address: _____ PEN #: _____
_____ Grade: _____ Age: _____

Postal Code: _____ Birthdate: _____ Student email: _____
_____ Parent email: _____ Home Phone
Number: _____ Cell Phone Number: _____

Check all that apply: Driver's License: _____ Citizenship: _____

<input type="checkbox"/> "L" Driver	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> International Student
<input type="checkbox"/> "N" Driver	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Aboriginal Student
<input type="checkbox"/> None	<input type="checkbox"/> Other _____	

Emergency and Medical Information

Care Card #: _____

Family Doctor: _____ Doctor Phone Number: _____

Address of Family Doctor: _____

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

Emergency Contact: _____ Relationship to Applicant: _____

Home Telephone: _____ Cell Phone: _____

Describe any special needs that the school should be aware of, or that might affect program performance and/or participation (e.g. learning disability, ADD/ADHD, physical disability, etc.) In order to meet student's needs, please ensure current documentation/assessment information is attached.

Signatures

A. Parent/Guardian Signature

I grant my son/daughter permission to participate in this Dual Credit Program with the Vancouver School District and the Post-Secondary program partner and that the information contained herein will be provided to the instructor.

- ☐ Yes
☐ No

I hereby grant permission to VSB personnel to take photographs of my son/daughter. These pictures may be used in Career Programs publications and on the VSB website at any time for the purpose of promotion and celebration of student successes.

Parent/Guardian Name: _____ Date: _____
(please print)

Parent/Guardian Signature: _____

B. Applicant Signature

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

Student Signature: _____ Date: _____

STUDENT TRANSITION PLAN

Students are required to complete a minimum of **80 credits** in Grades 10 through 12 for graduation. In order to verify your transition plan, please ask your counsellor or administrator to attach a recent copy of your Diploma Verification Report

✓ Ensure that you have included and considered your graduation requirements in your Transition plan.

PLEASE PRINT

Student Name: _____

School: _____ **Current Grade:** _____

EDUCATION / CAREER GOALS
List your short-term Education / Career Goals (6 -12 months)
1.
2.
3.
What are your long-term Education / Career Goals (1-5 years)?
1.
2.
3.
Where do you see yourself in 5 to 10 years?
What specific career do you see yourself attaining by your successful completion of this program?

SIGNATURES

If the program detailed above is followed and all courses passed, _____
will graduate in June _____ with a Dogwood Certificate.

School Counsellor

Parent/Guardian

Student

Date



*Consent for Release of Confidential Information for
Specialty Program Students*

Student Name: _____
(Legal Last Name) (Legal First Name) (Middle Name)

School: _____ *Student No.:* _____

Grade: _____ *Date of Birth:* _____

I hereby grant permission to Vancouver School Board personnel to:

- ☐ *Obtain information and/or records from other appropriate agencies*
- ☐ *Release information and/or records to other appropriate agencies*
- ☐ *Discuss pertinent information with representatives from appropriate agencies on a strictly confidential basis*

Date

Parent/Guardian Signature

SCHOOL RECOMMENDATION

Please ask your school Counsellor or Teacher to complete this page.

Student Name: _____ Grade: _____

This student has applied for a seat in the following program:

Specialty Program: _____

The information in this recommendation will be used to help determine the student's suitability.

- ☐ *The student has demonstrated interest in the program.*
- ☐ *The student's parent(s)/guardian(s) has/have shown an interest and support.*
- ☐ *I have interviewed this student and believe that he/she has a clear understanding of the program, its purpose, its implications for graduation, and conditions for acceptance.*
- ☐ *Current documentation of any learning or medical disability is provided, if applicable.*
- ☐ *I have reviewed the student's completed application package.*
- ☐ *We have reviewed costs associated with the program and the student has a plan for paying fees for texts, equipment, supplies, etc.*

Please rate this student's suitability for the program:

☐ EXCEPTIONAL

☐ STRONG

☐ ACCEPTABLE

Please provide us with further comments:

Recommendation completed by:

Name: _____

☐ *Counsellor*

☐ *Teacher*

☐ *Administrator*

Signature: _____

Date: _____

Telephone Number: _____

TEACHER REFERENCE FORM

Please provide a teacher reference from your current school. Select a teacher who best knows your practical skills and abilities.

Student Name: _____ Grade: _____

This student has applied for a seat in the following program:

Specialty Program: _____

Please check (☐) the traits most appropriate and frequently demonstrated by this student:

	Excellent	Good	Satisfactory	Needs Improvement
Attendance/Punctuality	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____
Initiative/Motivation	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Accuracy/Ability to follow instructions	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Communication (written and spoken)	_____	_____	_____	_____
Mechanical ability in the field	_____	_____	_____	_____
Hand/eye coordination	_____	_____	_____	_____
Ability to read technical drawings/manuals	_____	_____	_____	_____

Do you feel that this student follows established safety rules and safe work practice?

☐ Yes

☐ Possibly

☐ No

Could this student be counted on to represent the school favourably in a training setting?

☐ Yes

☐ Possibly

☐ No

Do you feel this student has a sincere interest in this program?

☐ Yes

☐ Possibly

☐ No

Please provide us with further comments:

Recommendation completed by:

Name: _____ *Title:* _____

Signature: _____ *Date:* _____ *Telephone:* _____