

Youth Train in Trades Application Package



SCHOOL DISTRICT 46 - SUNSHINE COAST
Excellence in all we do!

Name: _____ Grade: _____

School Currently Attending: _____

Congratulations! You have made a very positive and rewarding choice to enhance your career path!

TRAIN IN TRADES PROGRAM:

- CARPENTRY (February)
- PROFESSIONAL COOK (September to January)
- AUTOMOTIVE SERVICE TECHNICIAN (September to January)

PLEASE RETURN THIS APPLICATION TO YOUR SCHOOL COUNSELLOR. APPLICATION DEADLINE: Friday, March 3, 2023.

Registration package: Please read the instructions and fill in the sheets.

- Transition to Graduation sheet – Student and Parent Signs
- Copy of marks/transcript from counsellor
- Application package student and parent's signatures
- Personal reference (page 4)
- Post-Secondary School application if doing Carpenter or Professional Cook

PLEASE NOTE: PROGRAM OFFERINGS ARE SUBJECT TO FINALIZATION OF REQUIRED PARTNERSHIPS AND SUFFICIENT ENROLMENT.

For more information, please talk to your school counsellor or email Cathy Gordon at cgordon@sd46.bc.ca

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Please print

Student: _____
Legal Last Name First Middle

Mailing Address: _____

Physical Address: _____
Postal code

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birthdate: _____

Social Insurance Number: _____

P.E.N. (if known) _____ (from your report card)

Care Card #: _____ Name of Family Doctor: _____

Phone # of Family Doctor: _____ 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.)

Individual Education Plan Information: Describe any special accommodations and/or designations that the school should be aware of that might affect program performance and/or participation (i.e. Learning Disability, ADD/ADHD/Physical Needs etc)

Emergency Contact Name: _____

Cell Phone No.: _____ Home Phone No: _____

Work No: _____ Relationship to Applicant: _____

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APPLICATION FOR ADMISSION

STATEMENT OF INTEREST AND INTENT. Name: _____

Please answer the following questions to the best of your ability:

1. What related work experience do you have in the trade area? _____

2. Why are you interested in this program? _____

3. What skills or talents do you have that will help you succeed in this program? _____

4. What are your interests outside of school? _____

5. What are your plans after completing this program? _____

6. What extra-curricular or team sports do you participate in? _____

7. Do you have any further comments for the application committee? _____

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Emergency and Legal Information

Parent/Guardian Signature

I grant my son/daughter permission to participate in the Apprenticeship Program with School District No. 46 (Sunshine Coast) and Vancouver Island University and that information contained herein will be provided to the instructor(s).

Yes **No** I hereby grant permission to School District No. 46 personnel to take photographs of my son/daughter. These may be used in Career Programs publications and the District website at any time for purposes of promotion and celebration of student success.

Parent(s)/Guardian Name: _____

Physical Address: _____

Mailing Address (if different from mailing): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Parent's email: _____

Parent's Signature: _____

Applicant Signature:

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

Signature: _____ Date: _____

Student's email: _____

***Please ensure that you have a BC ID by the end of the course as this
maybe required to complete the Skills Trade BC Level 1 Exam***

