



Greater
VICTORIA
School District CAREER EDUCATION
556 Boleskine Road, Victoria, BC, V8Z 1E8
Tel: 250-475-4182 Fax: 250-475-4115

ita | YOUTH

TRAIN

IN TRADES

AutoTech

Revised: June 2017

Student Application Package

- **ITA Application Form (4 pages)**
- **SIP Program Application Package (8 pages)**
- **LINK Application Form (2 pages)**

IMPORTANT NOTES:

1. Incomplete packages will **not** be processed.
2. This application package is to be completed by all applicants wishing to apply for admission to a Youth Train in Trades program.
3. Completing the application and being interviewed by Camosun College does not guarantee acceptance into the program.
4. This package should be used in conjunction with a district **Work Experience Package** to show proof of any necessary work experience. Please attach a copy of the WEX Agreement, Student Time Log and Employer Evaluation.



ITA Customer Service
 800 - 8100 Granville Ave
 Richmond, BC V6Y 3T6
 Tel: 778-328-8700
 Fax: 778-328-8701
 Toll Free: 1-866-660-6011
 youth@itabc.ca

YOUTH APPRENTICE AND SPONSOR REGISTRATION FORM

Please complete the relevant portions of this form and print clearly. Return completed and signed registration form to the school district/board authority contact. Provide both the student and the sponsor (if it is Youth Work in Trades program) signed copies of the registration form and file the original in the student's permanent records for audit purposes.

Please indicate the purpose of your request:

*** Bold Fields are Mandatory**

A. Apprentice Information

Please indicate if this is a <input type="checkbox"/> New Registration <input type="checkbox"/> Update of a previous Registration		ITA Individual ID #:(leave blank for new registration)
*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	PEN:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Phone Number: ()	Secondary Phone Number: ()	*Email Address:
*High School Graduation Date (MM/DD/YYYY):	*Name of School:	*Have you participated in a Yes 2 It activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes are you: First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>

*All communication from ITA will be sent to the e-mail address provided.

B. Sponsor/Employer Information

*Name of Sponsor Organization:	ITA Sponsor ID # (if already registered):	*Supervising Tradesperson Contact Name (First & Last):
*Contact Person:		*Certificate # or Sign-Off Authority #:
Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
Phone Number and Extension: ()		*E-mail:

YOUTH WORK IN TRADES

*Trade Name:	School District/Independent School Authority:
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C. Program Information

YOUTH TRAIN IN TRADES (SCHOOL DISTRICT TO COMPLETE WHEN REQUIRED)

Program Type (Select one): <input type="checkbox"/> Foundation <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2	TRAIN Intake (MM/YYYY):	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):
*Trade Name:			



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APPRENTICE RESPONSIBILITIES, DECLARATION, AUTHORIZATION AND CONSENT

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

C. Agreement to Fulfill Responsibilities of Apprentice

I understand and agree that it is my responsibility to:

- Complete the required work-based training and practical experience under the direction of a qualified individual as assigned by the Sponsor;
- Self-manage the Technical Training component of my apprenticeship in consultation with my sponsor by:
 - scheduling and registering myself into and successfully completing required Technical Training at an ITA-approved training institution of my own choice, OR
 - successfully challenging the required Technical Training or Level where a challenge assessment exists;
- Meet any additional requirements of the Industry Training Program as outlined in the Industry Training Program Profile.

D. Accuracy of Information Provided

I declare that:

all information I have provided or will provide to the Industry Training Authority ("ITA") in the future is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I provide untrue information or false documents to the ITA, or fail to provide information or documents requested by them:

- I may be denied assessment,
- credit I have received toward my apprenticeship program or certification may be cancelled,
- my registration may be cancelled and I may not be allowed to re-register,
- my trade certificate issued by the ITA may be cancelled, and/or
- I may be subject to criminal prosecution.

E. Authorization to Collect Information Inside or Outside of Canada

I agree that the Industry Training Authority may:

- request information, documents and/or records regarding my education, training, work experience and certification related to my apprenticeship program from:
 - my current and former employers
 - other government bodies or organizations that issue qualifications relating to my skills and knowledge
- contact other governments (including departments, boards and agencies), educational institutions I have attended, and current and former employers inside or outside of Canada to verify my certification, education, training and work experience; and

And I agree to this information being given to the ITA.

F. Consent to Disclose Information

I agree to allow the ITA, in accordance with the *BC Freedom of Information and Protection of Privacy Act* to use and provide to others personal information I have provided on my apprentice registration form, as well as any other information necessary for administering the apprenticeship training program in which I am registered and to provide my personal information to other agencies, regulatory authorities and ministries of municipal, provincial and federal governments where the information is necessary for them to fulfill their legal responsibilities and/or manage apprenticeship-related programs.



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I also agree to information from my apprenticeship record with the ITA being provided to others as follows:

- To officials in other Canadian provinces/territories: Disclosure of any information collected on my apprentice registration form; verification of my certification, education, training and work experience; results of my assessments / examinations; and status of my application and apprenticeship to determine my eligibility for trade certification programs;
- To my sponsor: Disclosure of my examination/assessment results and other information regarding my apprenticeship program which ITA believes is necessary for meeting the responsibilities of a sponsor.
- To an approved training provider where I am currently applying or registered for apprenticeship training: Disclosure of the records of my previous apprenticeship technical training or other related information necessary for delivery and administration of the training program.
- To agencies and ministries of the provincial and federal governments: Disclosure of information required for determining my eligibility for financial assistance (including but not limited to federal or provincial tax credits, tool allowances, employment insurance or supplementary or enhanced apprenticeship benefits, federal or provincial incentive or completion grants, or scholarships).
- To government organizations or private service providers: Disclosure of information required for purposes of verifying my prior education, training, work experience and qualifications.

G. Option to receive some course notifications (This Section must be Completed by Apprentice)

Apprentices are personally responsible for seeking, organizing, and registering themselves in training with ITA-approved institutions. You may find it helpful to receive some notifications directly from approved trainers contracted by ITA of available courses that lead to certification in your training program. Notifications are NOT sent for all courses.

Select appropriate statement:

- The ITA may provide** my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program. I understand notification may not be sent for all courses.
- The ITA may NOT provide** my contact information to ITA-approved public and private training institutions responsible for the trade in which I am apprenticing so they may notify me of scheduled training courses that lead to certification in my current apprenticeship training program.

NOTE TO APPRENTICE:

If you have a question or concern about ITA's use of your personal information, contact an ITA Customer Service Representative. From within Vancouver call: 778-328-8700; From outside Vancouver call toll free: 1-866-660-6011

H. Apprentice Signature

"By my signature below, I signify that I have read, understand and agree to sections C through G of this registration form."

Apprentice's Signature:	Date (MM/DD/YYYY):
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SPONSOR RESPONSIBILITIES AND DECLARATION

(If you do not sign and date this section, your application cannot be accepted and will be returned to you.)

I. Agreement to Fulfill Responsibilities of Sponsor

I understand and agree that it is my responsibility to:

- Ensure the Apprentice receives training and related practical experience under the direction of a qualified individual (certified Tradesperson or other(s) specified in the Industry Training Program Profile, OR holder of an ITA-issued letter authorizing supervision and sign-off of apprentices in the trade), in a work environment conducive to learning the tasks, activities and functions that form the Industry Training Program in which the Apprentice is registered;
- Enable the Apprentice to regularly attend Technical Training that is required under the Apprentice's Industry Training Program;
- Submit all forms and documents required by the Industry Training Authority to verify completion of the established standards for the Industry Training Program;
- Recommend the Apprentice for certification when the Apprentice has met the established standards for that program and in the view of the sponsor and qualified individual is performing at the level of a Certified Tradesperson in the trade.

J. Accuracy and Currency of Information Provided

I declare that:

- the apprentice's work-based training will be performed under the direction of a qualified individual as defined in section I. above; and
- all information I have provided or will provide in the future to the Industry Training Authority is true and complete.

I agree to:

immediately notify the ITA regarding any future changes to information I have provided.

I acknowledge that:

if I knowingly provide untrue information or false documents to the ITA regarding my apprentice, or fail to provide information or documents requested by them:

- my apprentice may be denied assessment,
- credit my apprentice has received toward completion of the apprenticeship program or certification may be cancelled,
- my apprentice's registration may be cancelled and the apprentice may be prevented from re-registering,
- a trade certificate issued by the ITA to my apprentice based on the said information I provided may be cancelled, and/or
- I may be subject to criminal prosecution.

K. Sponsor Signature

"By my signature below, I signify that I have read, understand and agree to sections I through J of this registration form."

Sponsor's Signature:	Date (MM/DD/YYYY):
Parent/Guardian's Signature:	Date (MM/DD/YYYY):
SD/Independent School Authority Contact's Signature:	Date (MM/DD/YYYY):

SIP

SOUTH ISLAND PARTNERSHIP

2017 - 2018

PROGRAM APPLICATION PACKAGE

Revised May 2017

Submit to your Secondary School
Career Education Contact or Coordinator



SOUTH ISLAND PARTNERSHIP PROGRAM APPLICATION INFORMATION

GETTING STARTED

- Students and parents **meet with a school career coordinator/counsellor** to discuss SIP program options.
- **Visit our website:** camosun.ca/learn/south-island-partnership. Questions can be directed to your school career coordinator/counsellor or the SIP office (250-370-4827), email SIP@camosun.bc.ca.
- **Important:** college course(s) will be recorded on your permanent post-secondary file. Careful consideration is to be made when deciding to take a post-secondary program.
- Students should not take a post-secondary program unless they have met all the pre-requisites and are prepared to attend all classes and complete all assignments.
- **Withdrawal Process:** Students wishing to withdraw from a program must contact the SIP Office immediately.
- **Individual Education Plan (IEP):** Students with a learning condition or other disability which may require additional support services must make an appointment with the *Disability Resource Centre* before starting a program other than TASK (250-370-4049).

HOW TO APPLY (please complete all forms in ink)

- See your school career coordinator/counsellor for assistance completing this package.
- Youth Train in Trades (YTIT) students will also fill out an Industry Training Authority (ITA) Apprentice/**Sponsor registration form**.
- Return the completed application package to your school career coordinator/counsellor for submission to SIP Office
- Apply to Camosun through applybc.ca **see attached Instructions**
- Students are accepted based on meeting qualifications and date a complete application is received by the SIP office.
- Program applicants will be required to attend an interview/orientation. Students will be notified if qualified and accepted into the program.
- Where applicants exceed availability, a waitlist may be established.

APPLICATION SUBMISSION CHECKLIST (please complete all forms in ink)

- Complete *Applybc* online application and pay the application fee, good for 12 consecutive months for SIP program
- Signed and completed SIP Application Package including the Permission to Release Information Form
- Most recent transcript of marks
- English & Math Assessments, where applicable to meet pre-requisites
- Evidence of 30-hour related Work-Experience (employer evaluation or log book)
- Completed and signed Student Education/Transition Plan
- Attendance Record
- Completed and signed Responsibility Agreement **AND** Student Statement of Commitment forms

NOTE:

- Only completed applications will be considered for available seats.
- Tuition fees will be paid by your school district.
- You are responsible for the non-refundable application fee, textbooks, equipment, supplies, and clothing.
- Fees may change without notice.

DUAL CREDIT PROCESS

- Students will receive high school credits and grades on their high school transcript.
- Students will also receive college credit for the program. You need to apply for a college transcript to receive your report. <http://camosun.ca/services/documents/transcript-request.pdf>

Program Acceptance Disclaimer: These programs may not be governed by Camosun College's policies on admission and academic progress and promotion.

EDUCATION PLANNER INSTRUCTIONS FOR STUDENTS TAKING A DUAL CREDIT PROGRAM

Education Planner Instructions

NOTE: Students applying for a program **MUST** first receive confirmation from the SIP office that they have secured a seat **before** registering through Education Planner.

1. Go to <https://apply.educationplannerbc.ca/>
2. Sign up for an account creating your Username and Password as follows:
 - a. **USERNAME:** First Name.Last Name – ex. Jane.Smith
 - b. **PASSWORD:** First initial, Last Name, a special character, and year of birth – ex. Jsmith@1999

Once you have successfully created an account, you will automatically be logged in
3. Complete your Profile:
 - a. **Personal Info**
 - b. **Contact Info** (Select **YES** for emergency contact. Enter your parent/guardian information)
 - c. **Academic History**
4. Select your Institution - **Camosun College**
5. At the Program Selection,
 - a. select the Category - **South Island Partnership**,
 - b. select your subject area - Business, Science or Technology etc.
 - c. select your program/course - **Dual Credit Courses – South Island Partnership**
6. Under Additional Information, **select “NO” for Agent information for international applicants**
7. **Review and Submit** application – the last step is to pay.
If needed, you can save your information and return using your USERNAME and PASSWORD when you have access to a credit card
8. **Pay the application fee.**
This is non-refundable, and valid for a continuous 12 months for South Island Partnership courses.
Please note that you will have to pay the application fee again if you switch from a course to a different program or when you graduate and apply again for a new program
9. **Submit** online application, notify career coordinator it's complete.

Are you having trouble?

Go to: camosun.ca/learn/south-island-partnership

Select: **Become a Dual Credit Student**

Click: **How to Apply for SIP on Education Planner**

Note: The online application is only one part of your registration process. You will also need to complete a South Island Partnership application package provided by your Teacher or Career Coordinator.



RESPONSIBILITY AGREEMENT - PROGRAMS

High School/School District, SIP, and Camosun Responsibilities

We will:

- provide tuition funding for program training at Camosun College (Students are responsible for the application fee and course materials)
- inform you of the training requirements specific to your career area and provide you with background information on requirements for Camosun College
- assist you to meet all prerequisites and create an Education/Transition Plan that maps your final years of high school
- help you to complete a SIP application package and submit it to SIP on your behalf
- register you as a Youth Train in Trades student (for trades programs only)
- provide you with student support services as needed (assessment, learning skills, English and/or math upgrading, counselling, disability resources)
- encourage you to be proactive in informing the Disability Resource Centre of specific learning needs and IEPs (make an appointment with our DRC by calling 250-370-4049 INT. /250-370-3312 LANS.)
- liaise with your parents, high schools teachers, and Camosun instructors regarding your college progress and participation
- provide post-secondary marks to your high school for graduation credits

Student Responsibilities

As a South Island Partnership student, I agree to:

- undergo a relevant work experience placement in my chosen program area
- successfully meet all prerequisites before attending Camosun
- participate in a Math or English upgrading program/assessment if deemed necessary understand that punctuality and attendance are mandatory at Camosun
- submit a completed application package and register through **APPLYBC**
- attend a SIP orientation when invited
- purchase required text books, support materials, equipment, and clothing
- contact my instructor and the SIP office (250-370-4827) immediately if I will be absent or late
- follow the Camosun College Student Conduct Policy (refer to <http://www.camosun.bc.ca/learn/becoming/policies.html>)
- respect that my home school Code of Conduct applies to all courses and programs
 - *respect, compliance, and effort are required at all times*
- meet program homework and study expectations (2-4 hours daily)
- strive to achieve a passing mark of at least 70% in my program
- inform my Camosun instructor and my school career coordinators of withdrawal from my courses as soon as possible
- understand that failure to withdraw in advance of 66% of program completion may result in an "F" on both my high school and post-secondary transcripts; (*withdrawal must occur before the final third of the course begins*)
- be aware that if I require an extension, I will be responsible for both tuition and student ancillary fee payment
- understand that it is recommended that students attend after-session tutorials offered by the instructor

Student Name (please print clearly): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (please print clearly): _____

Parent/Guardian Signature: _____ Date: _____

Career Counsellor Name: _____

High School: _____



STUDENT STATEMENT OF COMMITMENT

Students applying to take a program must complete this form.

Student Name: _____ Date: _____
(please print clearly)

Describe why this is the career area for you.

Describe how your work experience or school activities have prepared you for this program.

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

Student Signature: _____ Date: _____



STUDENT EDUCATION/TRANSITION PLAN



Develop your Education/Transition Plan. Include courses required for entry into the program you will participate in while attending Camosun College.

Name: _____ High School: _____ Date: _____

1. Ensure you have included and considered your graduation requirements in your Education/Transition Plan.
2. You may need to modify your timeline to achieve your graduation requirements & participate in the program.
3. Complete the 3-Year Education/Transition Plan in full, beginning with your Grade 10 courses.
4. Timetable changes should be made with the approval of your school's Career Coordinator/Counsellor.
5. Include any Dual Credits and SSA Credits in your predicted credit count.

Students are required to complete a **minimum** of 80 credits (equivalent to 20 four-credit courses) in Grades 10 - 12 for graduation. Most students choose to complete more than 80 credits.

1. Required Courses - 52 credits in courses listed below:		Credits
Course	Course	Credits
English 10	English 11	4
Fine Arts or Applied Skills 10, 11, 12	Social Studies 11, Civics 11, First Nations 12	4
Science 10	Mathematics 11 or 12	4
Mathematics 10	Science 11 or 12	4
Physical Education 10	English 12 or English First Peoples	4
Planning 10	* Graduation Transitions 12	4
Social Studies 10		4

Note: Graduation = Minimum 4 Grade 12 level courses + * Graduation Transitions 12

2. Elective Courses - 28 credits
 Students can choose to complete elective requirements through a Dual Credit Transition pathway offered by the South Island Partnership

Transition Pathway:
 Business Communications Health
 Science Technology Trades

Specific Career/Occupation: _____

Year	Year		Year		Year	
	Gr 10 Sem 1	Gr 10 Sem 2	Gr 11 Sem 1	Gr 11 Sem 2	Gr 12 Sem 1	Gr 12 Sem 2
Total Credits:			Total Credits:		Total Credits:	
Total Credits Predicted (Required + Elective) =				Predicted Graduation Date:		

Teacher/Counsellor (Print Name) _____ Parent/Guardian (Print Name) _____
 Teacher/Counsellor Signature _____ Parent/Guardian Signature _____
 Student Signature _____



SIP Program Application Attendance Report

SIP programs at Camosun are full time and are generally one to two semesters in length. Therefore, it is easy to understand why the attendance is a crucial element to be successful in any SIP program.

Students applying for entry into any SIP program offered by the south Island Partnership are required to submit a school attendance report for the current and previous school semester as part of their SIP Program Application

Student attendance reports can be printed by your school Career Teacher or Counsellor using the MyEd record keeping system.

Please staple your attendance report to the completed SIP Application Package.

Payment Method:
Amount \$:
Receipt #:
Date:

The Link Distributed Learning School: 2017-2018

Registration Completion Verification: <input type="checkbox"/> Registration Form <input type="checkbox"/> Course Selection Form <input type="checkbox"/> Student Agreement <input type="checkbox"/> Identification <input type="checkbox"/> Proof of Residency <input type="checkbox"/> First Assignment <input type="checkbox"/> Fee if applicable	<p style="text-align: center;"><u>OFFICE USE ONLY</u></p> <input type="checkbox"/> Non-Graduate <input type="checkbox"/> School Age Graduate = born on or after July 1, 1998 <input type="checkbox"/> Adult Graduate = born before July 1, 1998 <input type="checkbox"/> International - ISP \$750.00 <input type="checkbox"/> International - Out of district or adult \$750.00 Courses applying for:
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FOR OFFICE USE ONLY
Pupil #:
MyEd Date:
Request Student File? Yes No

NEW STUDENTS Application Form for Grades 10-12 and Adult Learners

Student Information

LEGAL LAST NAME	LEGAL FIRST AND MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
USUAL LAST NAME	USUAL FIRST NAME	ARE YOU ATTENDING A SCHOOL OTHER THAN THE LINK? <input type="checkbox"/> Yes, (name): _____ <input type="checkbox"/> No, last school attended: _____ When?
PREVIOUS LAST NAME (if applicable)	BIRTHDATE DAY/MONTH/YEAR	HAVE YOU GRADUATED HIGH SCHOOL? <input type="checkbox"/> Yes, Year: _____ <input type="checkbox"/> No Graduated from: (name school, city and province): _____
STUDENT #:	PLACE OF BIRTH (City, Province, Country)	Has student received learning assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a current Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please provide a copy of the IEP
STUDENT EMAIL ADDRESS	STUDENT PHONE NUMBER	
HOME ADDRESS		

Parent/Guardian Information

LAST NAME:	FIRST NAME:
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify:	
HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)	
PHONE NUMBER:	
PLACE OF EMPLOYMENT:	
BUSINESS PHONE:	
EMAIL ADDRESS:	

LAST NAME:	FIRST NAME:
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify:	
HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)	
PHONE NUMBER:	
PLACE OF EMPLOYMENT:	
BUSINESS PHONE:	
EMAIL ADDRESS:	

Grade 10-12 students wishing to register at the Link as their only school, please check any/all that have impacted or are impacting the student's learning:

- Anxiety
 Social Relationships
 Family Relationships
 Other

Emergency Contact

(Custodial parents will always be contacted first)

LAST NAME:	FIRST NAME:
RELATIONSHIP TO STUDENT:	
HOME ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
Can this person pick up the student?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Medical Information

STUDENT CARE CARD NUMBER:	
FAMILY DOCTOR:	PHONE:
LIFE THREATENING HEALTH CONDITION If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school. <ul style="list-style-type: none"> <input type="checkbox"/> Anaphylactic or severe allergies to food or insect stings <input type="checkbox"/> Asthma that has resulted in hospitalization in the past year <input type="checkbox"/> Blood clotting disorder (e.g. hemophilia) <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years <input type="checkbox"/> Serious heart condition (e.g. heart murmur, heart repair) <input type="checkbox"/> Other – please specify: _____ 	

Identification

(Please attach these documents with the registration form)

Canadian birth certificate#, passport# or permanent residency card#:	BC driver's license # or utility bill account #:
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Proof of Residency

RESOURCES

If resources are issued, there is a mandatory deposit for textbooks and novels. The resources must be returned within two weeks of course completion, or upon withdrawal. Resource deposits are fully refundable upon return of resource(s).

FEES

Adult Graduated Student Fee:

No fee

International Student Fee:

In District students (ISP): Course Request Form Approved

No fee

In District students (ISP): Request Form Not Approved

\$750.00 per course

Out of District or Adult students (Non ISP)

\$750.00 per course

I certify that the information I have provided on this form is correct:

Signature of parent or guardian

Student signature if student is 19 years old or older

Date