



**GREATER VICTORIA SCHOOL DISTRICT
PRESENTS:**

AVIATION & DESIGN

Have You Considered a Career in AVIATION and DESIGN?

February 2018, Mt. Doug is hosting a district-wide, semester long aviation and design program. In this program students will:

- **EARN credit for High School and Post-Secondary Courses:**
 - Technology Education 12 - Industrial Design
 - Technology Education 12 - Metal Fabrication & Machining
 - TEAC - Engineering Sampler in Partnership with Camosun College
 - Work Experience 12A
- Achieve Transport Canada Ground School Certification and Co-Pilot Three Flights
- Work with Local Aviation and Design Employers
- Visit Technical Training Facilities for TEAC 105 and Aviation Related Projects

Mt. Doug Secondary · February - June 2018

**Partnering With Viking Air, Victoria Flying Club
Pacific Sky, VIH Aviation Group & Camosun College**

**Contact your Career Centre Coordinator for more information
or the District Career Office at 250.475.4183**

APPLICATIONS ARE DUE BY NOVEMBER 15, 2017



Greater
VICTORIA
School District

Careers & Transitions

556 Boleskine Road, Victoria, B.C. V8Z 1E8

Tel: (250) 475-4182 Fax: (250) 475-4115

AVIATION & DESIGN

Student Package

Revised: September 2017

Applications Due November 15th 2017

In addition to completing this application, please include the following:

1. Current transcript
2. Attendance record
3. Statement of commitment (attached)

If you require further information, please talk with your school career coordinator, or call Lindsay Johnson, Careers & Transitions, at 250-475-4182

AVIATION & DESIGN PROGRAM APPLICATION FORM

Student Name: _____

School: _____

PEN #: _____ Student #: _____

Home Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Care Card #: _____

Ministry Designation (if applicable):

Principal's Note of Recommendation to Aviation Program:

Principal Signature **Date :** _____

Parent Signature **Date :** _____

Student Signature **Date :** _____



2017-2018
COURSE
Application Package

Revised October 2017
**Submit to your Secondary School
Career Education Contact or Coordinator**



SOUTH ISLAND PARTNERSHIP COURSE APPLICATION INFORMATION

GETTING STARTED

- Students and parents **meet with a school career coordinator/counsellor** to discuss SIP course 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 course.
- Students should not take a post-secondary course 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 course 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 *Centre for Accessible Learning* 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.
- 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.
- 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 *non-refundable, good for 12 consecutive months for SIP program
- Signed Permission to Release Form (one for each semester)
- Completed and signed Responsibility Agreement - school requirement
- Completed and signed Student Education/Transition Plan - school requirement
- Most recent transcript of marks
- Teacher Recommendation Form, where applicable to meet pre-requisites
- Completed and signed Sponsorship Form, where applicable
- Required documentation for International students and permanent residents
- English and Math Assessment, where applicable

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.

DUAL CREDIT PROCESS

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

Course 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 COURSE OR PROGRAM

Education Planner Instructions

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
10. **Print** or take a screenshot of your receipt and **attach it to your paper application.**

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.



APPLICATION

PERMISSION TO RELEASE INFORMATION & AUTHORIZATION TO ACT ON MY BEHALF

The British Columbia Freedom of Information and Protection of Privacy Act provides that the college may not release any information pertaining to student records to anyone other than the student owner of the record without the student's consent.

Further, the college does not normally allow any person other than the student to conduct student-related business with the College on behalf of the student.

In order to allow the South Island Partnership and your parent(s)/guardian(s) to conduct student-related business on your behalf, you must complete and submit this form as part of the SIP application package.

Student Name: _____
 Legal Last Name (print) Legal First Name (print) Preferred First Name (print)

Gender: Male Female Date of Birth: _____

Email: _____ Phone: _____

TO THE REGISTRATION DEPARTMENT AND THE SOUTH ISLAND PARTNERSHIP:

The following secondary school _____

and Parent(s)/Guardian(s) (please print) _____

Email: _____ Phone: _____

have permission for the following academic year(s) (e.g. 2017/18) _____ to access my student records and conduct student-related business on my behalf while I am registered in a South Island Partnership course/program.

Student Signature: _____

Do you have an IEP (Individual Education Plan), learning condition, or other disability for which you may require additional support services? (Y/N) ____ **if yes, please make an appointment with the Centre for Accessible Learning (www.camosun.ca/drc)*

CITIZENSHIP: Please select your official status in Canada and attach documentation to this form

Canadian (Y/N) ____ OR Permanent Resident (Non-Canadian) (Y/N) ____ **if yes, provide copy of card front & back*

International (Y/N) ____ **if yes, include copies of visa & passport information*

Indigenous (Y/N) ____ **if yes, please specify (Status/Non-Status/Metis/Inuit):* _____

SIP COURSE SELECTION (E.g. MATH 100 or ENGL 151. Include section number if attending at Lansdowne or Interurban campus)		
COURSE	SECTION NUMBER (Office Use)	COURSE START DATE __ / __ / ____
COURSE	SECTION NUMBER (Office Use)	COURSE START DATE __ / __ / ____
SECONDARY SCHOOL (HIGH SCHOOL) INFORMATION		
GRADE CURRENTLY ENROLLED IN	SD #	EXPECTED GRADUATION DATE __ / __ / ____
TEACHER / COUNSELLOR NAME (please print):	APPROVAL (signature):	DATE

**We will do our best to accommodate your selection(s), however, seats are not guaranteed*

OFFICE USE ONLY: Camosun Student #: C _____

Questions? Email SIP@camosun.bc.ca



RESPONSIBILITY AGREEMENT - COURSES

High School/School District, SIP, and Camosun Responsibilities

We will:

- provide tuition funding for course(s) 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 Centre for Accessible Learning 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:

- ensure that I have met all prerequisites
- submit a **completed application package** and pay the online application fee through **APPLYBC** at least 8 weeks before the start of my course(s)
 - I understand that without a completed and submitted application, I will not have access to the D2L (online) component of my course(s)
- contact a post-secondary academic advisor if I am taking more than two Dual Credit courses
- purchase required textbooks, support materials, equipment, and clothing
- be prepared for the rigors of a first year post-secondary course which include:
 - a commitment to matching course hours with home study
 - high standards in writing competency and attention to detail in written assignments
- contact my instructor if I will be absent or late; I understand that punctuality and attendance are mandatory requirements of Camosun College
- inform my Camosun instructor, my school counsellor, and the SIP office (250-370-4208) if I drop a course
Dropping a course only happens before the end of the second week of course start up without financial or academic penalty.
- inform my Camosun instructor, my school counsellor, and the SIP office of withdrawal from my course(s)
 - **Failure to withdraw in advance of 66% of course 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)
- follow the Camosun College Student Conduct Policy (refer to <http://camosun.ca/learn/calendar/current/procedures.html>)
- respect that my home school Code of Conduct applies to all courses and programs
 - respect, compliance, and effort are required at all times

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

Student Signature: _____ High School: _____

Parent/Guardian Name (please print clearly): _____

Parent/Guardian Signature: _____ Date: _____

Career Counsellor Name: _____

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

The Link Distributed Learning School: 2017-2018

Registration Completion Verification:	<u>OFFICE USE ONLY</u>
<input type="checkbox"/> Registration Form	<input type="checkbox"/> Non-Graduate
<input type="checkbox"/> Course Selection Form	<input type="checkbox"/> School Age Graduate = born on or after July 1, 1998
<input type="checkbox"/> Student Agreement	<input type="checkbox"/> Adult Graduate = born before July 1, 1998
<input type="checkbox"/> Identification	<input type="checkbox"/> International - ISP \$750.00
<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> International - Out of district or adult \$750.00
<input type="checkbox"/> First Assignment	Courses applying for:
<input type="checkbox"/> Fee if applicable	

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

Proof of Residency

(Please attach these documents with the registration form)

- ❖ Canadian birth certificate, passport or permanent residency card:
- ❖ BC driver's license # or utility bill account #:

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	
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