

Secondary School Apprenticeship

Partnership SSA Application

- SSA Application Form
- Industry Training Authority (ITA) Youth Apprentice Registration Form
- Updated Transition Plan
- ITA Work-Based Training Report, if applicable

This application is for students who *have* participated in a District Ace It Program

SSA Application Form

PLEASE PRINT CLEARLY

Personal Information

Name: _____
Surname First Middle

Trade: _____

School: _____

Grade: _____ PEN: _____ *SIN: _____

Address: _____
Address City Postal Code

Telephone: _____ E-mail: _____
Home Cell

I have completed or am enrolled in a District Partnership Program: (name of program) _____

*Collection of Personal Information

For the purpose of processing Secondary School Apprenticeship (SSA) scholarships, students' personal information will be collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 26 (c). Students' personal information is used to process payment of the SSA scholarship.

Questions regarding the collection of personal information can be directed to the Ministry of Education contact listed below:

Anne Bowers, Manager, Marking, Awards and GED Ministry of Education 3rd Floor, 620 Superior Street PO Box 9886 Stn Prov Govt Victoria BC V8W 9T6
250-350-7270 or e-mail: educscb@gov.bc.ca

Employer Information

Company Name: _____

Supervisor: _____

Address: _____
Address City Postal Code

Telephone: _____ Fax: _____

E-mail: _____ WorkSafeBC # _____

Signatures:

A. PARENT/GUARDIAN

I grant my son/daughter permission to participate in the Secondary School Apprenticeship Program

Signature

Date

I grant permission to staff of School District #36(Surrey) to use photographs or video footage of my son/daughter for the purposes of program promotion and celebration of student success

Signature

Date

B. APPLICANT'S SIGNATURE

I certify that all statements on this application are true and correct

Signature

Date

Transition Plan for the School Year 20_____ to 20_____

(Please complete this form with your facilitator)

NAME: _____ **GRADE:** _____ **HOME SCHOOL:** _____

Last

First

PROGRAM: _____ **PROGRAM ASSIGNMENT: 36 CT Trades & Technology or other:** _____

Place a (✓) in boxes to indicate courses already taken or you are currently taking. Leave box unchecked for courses you are planning to take.
 PRINT course names in spaces provided and course locations.

GRADE 10 REQUIREMENTS	CREDITS	LOCATION	
<input type="checkbox"/> English 10	___ 4 ___	Total Credits: (minimum 24)	_____
<input type="checkbox"/> Social Studies 10	___ 4 ___		_____
<input type="checkbox"/> Science 10	___ 4 ___		_____
<input type="checkbox"/> a Math 10 _____	___ 4 ___		_____
<input type="checkbox"/> PE 10	___ 4 ___		_____
<input type="checkbox"/> Planning 10	___ 4 ___		_____
GRADE 11 REQUIREMENTS	CREDITS	LOCATION	
<input type="checkbox"/> English or Communications 11 (underline applicable course)	___ 4 ___	Total Credits: (minimum 16)	_____
<input type="checkbox"/> a Social Studies 11 _____	___ 4 ___		_____
<input type="checkbox"/> a Science 11 _____	___ 4 ___		_____
<input type="checkbox"/> a Math 11 _____	___ 4 ___		_____
GRADE 12 REQUIREMENTS	CREDITS	LOCATION	
<input type="checkbox"/> English or Communications 12 (underline applicable course)	___ 4 ___	Total Credits: (minimum 20)	_____
<input type="checkbox"/> _____ 12	_____		_____
<input type="checkbox"/> _____ 12	_____		_____
<input type="checkbox"/> _____ 12	_____		_____
<input type="checkbox"/> GRADUATION TRANSITIONS	___ 4 ___		_____
<input type="checkbox"/> Daily Physical Activity Documentation	___ Requirement Met		_____
FINE ARTS &/OR APPLIED SKILLS REQUIREMENT	CREDITS	LOCATION	
REQUIRED: Either 4 credits of one area, or 2 credits of each		Total Credits: (minimum 4)	
<input type="checkbox"/> Fine Art _____ 10 / 11 / 12 (circle grade)	_____	_____	_____
<input type="checkbox"/> Applied Skill _____ 10 / 11 / 12	_____	_____	_____
ADDITIONAL (ELECTIVE) COURSES	CREDITS	LOCATION	
<input type="checkbox"/> _____ 10 / 11 / 12 (circle grade)	_____	Total Credits: (minimum 16)	_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
<input type="checkbox"/> _____ 10 / 11 / 12	_____		_____
OVERALL TOTAL GRADUATION CREDITS (80 CREDITS REQUIRED)			

ANTICIPATED HIGH SCHOOL CREDENTIAL: ___ Adult Dogwood ___ School Completion Certificate ___ Dogwood Diploma			
Graduation Date _____			
POST SECONDARY PLANS: _____ Continue apprenticeship requirements			
_____ Other - please provide details:			

I have discussed the completion of my transition plan with my parent(s) /guardian(s).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Career Development Facilitator Signature: _____ Date: _____