

Student & Parent Checklist – Permission

Student Checklist

In order to be accepted into an academic dual credit course you must meet the following requirements:

- Be currently in Grade 11
- Be 19 years of age or under
- Have not yet achieved Ministry of Education graduation
- Be currently registered and attending as a student in New Westminster Schools (SD #40)
- Have met the requirements for the specific program
- Have a good attendance and punctuality record
- Complete all pages of the application
- Have all signatures on the Student Personal Information and Applicant Statement of Intent pages
- Have one of my teachers (preferably in a related subject area) complete the Teacher Reference Form
- Complete and hand in resume with the application
- Bring completed application to the Career Facilitator for submission
- Complete a preliminary interview with the Career Facilitator

Parent Permission and Support

- I understand that the New Westminster School District will pay tuition for this course
- I understand there may be textbook costs for this course for which I am responsible
- I understand that if applicable we are responsible for arranging transportation to and from the campus
- I understand that the grades (including withdrawals) earned in the courses will be placed on the student's high school record and post-secondary academic history
- My child demonstrates a level of maturity suitable to a post-secondary institution
- I have read and signed the Media / Webpage / Promotional Consent Form
- Please read and sign this page, the Student Personal Information Form, and the Applicant Statement of Intent Transition from Secondary to Post-Secondary Form

I have reviewed the above information with my child and I hereby grant my child permission to participate in the

Academic Dual Credit Course: _____

Student Name: _____

Parent's/Guardian's Signature: _____ **Date:** _____

Student Personal Information

Please print clearly.

PEN # 9 digits:

_____ *(Found on a report card. If you cannot find this number, see your Career Development Facilitator.)*

Full Legal Name:

(no initials)

_____ *Legal Last* _____ *Legal First* _____ *Middle*

Mailing Address:

_____ *Address* _____ *City* _____ *Postal Code*

Phone Number(s):

_____ *Home* _____ *Cell*

E-mail Address

(Mandatory):

_____ **Date of Birth:** _____

Month/Day/Year

Gender Identification: Male Female _____ **Age:** _____ **Grade:** _____ **Indigenous student:** Yes No

Are you a Canadian Citizen? Yes No **IF NO** you must attach a copy of your Permanent Resident card.

Emergency / Medical Information:

Emergency Contact:

_____ *Last name* _____ *First Names*

Relationship to the Applicant: _____ **Phone number(s):** _____

Primary

Secondary

Personal Health #: _____

Medical Concerns:

Describe any medical/physical problems that the school/post-secondary institution should be aware of, or that might affect performance (i.e. diabetes, epilepsy, medication, asthma, allergies, previous physical injuries, etc.).

Ministry of Education Designation **(complete this section in consultation with your Career Facilitator and/or Counsellor):**

Do you have a Ministry of Education Designation? Yes No (If no the remainder of this section doesn't apply, go to signatures.)

If yes, what is/are your designations(s)? (List MOE designations below, see codes on MyEd - Programs.)

Describe any special needs that the school/post-secondary institution should be aware of, or that might affect performance.

If you have a designation would you: choose to accept services choose to not accept services

Parent/Guardian: I hereby understand that **it is the student's responsibility to register with the post-secondary school accessibility department in order to receive accommodations and support.**

Parent/Guardian Signature: _____ **Date:** _____

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

Applicant's Signature: _____ **Date:** _____

Media / website consent form

News Media

The New Westminster School District occasionally receives requests from the news media to interview, photograph or video record individuals or groups of students in connection with news stories. Also, reporters are sometimes invited to schools to publicize events, as well as student and school successes.

There are great stories in our schools to share and as a public body, we attempt to cooperate with the media whenever possible. However, your right to personal privacy is our priority. Therefore, we ask that this consent form be signed and returned to the school so we can respect your wish for family privacy.

Yes, as the parent/guardian of the student named below, I give my consent to the publication/broadcast of his/her picture and/or name by the news media as described above.

No, as the parent/ guardian of the student named below, I do not give my consent for the publication or broadcast of his/her picture and/or name by the news media, when and where the school or school district has control over such activity*.

***School & district staff cannot control news media access or photos/videos taken at public locations such as field trips, or school events open to the public, such as sports tournaments, student performances, school board meetings, etc.**

School / District Websites & Publications

In accordance with the *Freedom of Information and Protection of Privacy Act*, the New Westminster School District requires consent to use a student's full name and/or photograph/video in a public way, such as on school or district websites or in written publications such as brochures, reports and advertisements.

Therefore, your permission is requested to publicly post or publish your child's full name, photo or video of your child in connection with school or district activities for websites, brochures, reports or advertisements.

Yes, as the parent or guardian of the student named below, I give my consent to the publication of his/her name, photo or video as described above.

No, as the parent or guardian of the student named below, I do not give my consent for the publication of his/her name, photo or video as described above.

(Consent for secondary school students is valid until graduation. Consent for elementary students remains valid until Grade 8. However, you may review and change your consent at any time by contacting your school.)

Parent / Guardian Signature

Date

Secondary Student Signature

Date

Student's Name (print): _____ **Div:** _____ **Grade:** _____

Student Statement of Interest and Intent

Name: _____ **Course:** _____

1. Why are you applying for this course? How is it relevant to your post-secondary/career planning?

2. What skills do you have that will help you be successful in a post-secondary course?

3. What interests you about a career in this field?

4. What knowledge do you have of this career field (i.e., opportunities for work, working conditions, wages, safety equipment, etc.)?

5. What are your interests outside of school (hobbies, sports, clubs, special talents, etc.)?

Career Facilitator's Checklist and Recommendations

Name of Student: _____

School: _____ **Date:** _____

Course applying for: _____

- I have interviewed this student and provided them with a clear understanding of the course, its purpose and conditions for acceptance
- Achievement history, grades 10 and 11, is attached to the application (**Diploma Verification or Official School Transcript**). Highlight program prerequisites.
- Student Program Code(s):
- Summary of recent attendance from beginning of school year to present
- IEP acknowledged and Proof of PR attached
- The student has completely filled out the application form with signatures, including these documents:
 - Student Personal Information
 - Teacher Reference
 - Resume
 - Statement of Interest and Intent
 - Applicant Statement of Intent
 - Transition from Secondary to Post-Secondary
- Confirm current marks
- After student is accepted, complete a transition plan and the applicable post-secondary application form

I find this student's qualities with regards to this course on a scale of 1 (weak) to 10 (exceptional):

1	2	3	4	5	6	7	8	9	10
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- Could this student be counted on to represent the District favourably in a post-secondary setting?
 Yes Possibly No
- Do you feel this student has a sincere interest in this academic dual credit course?
 Yes Possibly No

Facilitator's Comments (mandatory):

Career Facilitator's Signature: _____ **Date:** _____

Applicant Statement of Intent

Transition from Secondary to Post-Secondary



Student Full Name: _____ Home School: _____

Current Grade: _____ Date of Birth: _____ PEN: _____

PSI Course Applying for: _____ Year Course to be Taken: 2026- 2027

NOTE: The post-secondary course for which you are applying must be a required course in the program you intend to pursue toward a specific future career/occupation pathway. (If psychology is not a course required for the engineering program, you would be ineligible to take this course in support of your intended career pathway.)

Please respond to the following thoroughly and clearly:

1. State your current intended occupation or career pathway upon graduation from high school.

2. List the specific post-secondary school(s) and program(s) you plan to apply for in your grade 12 year.

Post –Secondary School Name	Program/diploma/certificate	Your intended Career /Occupation Pathway

3. For each program(s) above, **attach the list of required first year courses to show that the post-secondary course you have applied for is a required course in the post-secondary program you intend to complete.** Printouts available in Career Coordinator's office.

(check when complete) **Ensure all signatures are completed on the form.**

If accepted into the PSI course, it is understood that a Transition Plan and Post-Secondary Application Form are required to be completed and signed.

We agree that the Post-Secondary course identified above supports and aligns with this student’s future post-secondary career/occupation pathway.

Parent Name (print) _____ Parent Signature _____ Date _____

Student Name (print) _____ Student Signature _____ Date _____

For Secondary School Counsellor or Administrator Use Only:

Application Complete Missing Items: _____

Student will be school aged (19 or under) for duration of Post-Secondary course No Yes

Post-secondary course selection aligns with student’s specific post-secondary career pathway No Yes

Name: _____ Signature: _____ Date: _____