

SD38 APPLICATION

KPU INTRO TO HEALTH SCIENCE 1115

Dual Credit Course – Summer 2024

A Partnership with SD38 Career Programs and Kwantlen Polytechnic University (Richmond)



APPLICATION DUE DATE (*NO EXCEPTIONS*)

(Do not put into the school mail or ask your counsellor to submit this.)

Priority given to early applicants meeting criteria.

Must arrive at the SD38 Career Programs Office by Tuesday, March 12th, 2024 @ 3:30 pm

Email completed application package to careerprograms@sd38.bc.ca

OR

Drop off at Cambie Secondary – Career Programs (Learning Services)

APPLICANT CRITERIA

- Open to students entering Grade 11 or 12 in September 2024 (current Gr. 10/11's apply). <u>Priority given</u> to those entering Grade 12 next year.
- While International students may apply, priority will be given to domestic applicants.
- Demonstrated excellent attendance, punctuality, (written/oral) communication and organizational skills
- Keen interest in the biological sciences and health care (read course description below)
- Excellent interpersonal skills and ability to work in a team
- Recommended "B" or higher in a Math 10 and a Language Arts 10

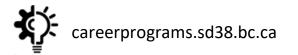
COURSE INFORMATION

- Course runs full-time July 2nd Mid-August (date TBD), 2024
- Location is in a Kwantlen Polytechnic University Richmond Campus
- Course delivery: Tuesdays online asynchronous <u>and</u> Thursdays 10am 1pm in-person on campus
- Must be available for all classes
- Course tuition is covered by Richmond SD38; student is responsible for course textbook(s)
- If successful, student earns one Gr. 12 elective course (4 credits) + KPU post-secondary credits

HSCI 1115 COURSE DESCRIPTION

In the *Introduction to Health Science 1115* course, students will be introduced to the multifaceted field of health science and the foundations of promoting health and wellness. They will explore concepts of health science from a variety of perspectives including biological, clinical, cultural, environmental, political, and socioeconomic. Students will examine the Canadian health system and strategies that promote health and wellness in the community.





CHECKLISTS for Student, Parent/Guardian, Counsellor

(Check each item when complete. Please do not submit partially completed applications)

	STEP 1 – APPLICATION CHECKLIST for STUDENT				
1.	Applicant Information Page	(Include application date and school year applying for)	3		
2.	Dual Credit Application Contract	(Prior to listing them, be sure to ask permission for each teacher to be reference)	4		
3.	Statement of Interest and Intent	(Thoughtfully complete; do rough draft prior to completing the form)	5		
4.	Proficiency Self-Assessment Form		6		
5.	Graduation Plan	(To help with completing this plan, see next page for dual credit codes)	7		
6.	Fillable KPU Application and Waive	er Forms (3 pages)	9-11		

STEP 2 – PARENT/GUARDIAN PERMISSION AND SUPPORT	Page	Completed
1. See #2 above – read and sign Dual Credit Application Contract	4	

	STEP 3 – CHECKLIST for COUNSELLOR	Page	Completed and Enclosed
1.	ATTACH Most recent Learning Update/Report Card		
2.	ATTACH BC Diploma Verification Report		
3.	ATTACH Up-to-date Attendance Profile		
4.	Indicate Ministry of Ed Special Education Category if Applicable:		
	MoE Code: Code Identification is for:		
5.	IEP MUST be ATTACHED if applicable : ☐ Not Applicable (if applicable, check box in right column)		

STUDENT: Submit completed application (with all attachments) to the Career Programs Office (c/o Cambie Secondary – Learning Services)

Timeline after application is submitted...

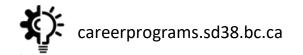
- Career Programs sends email acknowledging receipt of application and informing applicant of any missing components.
- ❖ There are no interviews for course admission. March 12th and 13th, CPO reviews application for attendance, course requirements, marks etc. If requirements are met and there is room in the course, student will be notified of acceptance.
- ❖ March 14th, SD38 Career Programs will forward applicant's KPU application and waiver to the KPU registrar on the student's behalf. Be sure to check email for updates.

Acceptance is subject to approval. As <u>course seats are limited</u>, completion of application does NOT guarantee acceptance.

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED.

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS





SD38 APPLICATION – KPU HSCI 1115 COURSE

(Dual Credit - SUMMER 2024)

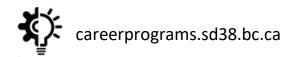
Instructions:

- 1. Complete this Application (tear off top page prior to submission).
- 2. PLEASE PRINT CLEARLY (Applicant MUST be applying in Grade 10 or 11 or be a non-graduating Grade 12.)
- 3. Email to careerprograms@sd38.bc.ca or deliver to Career Programs Cambie Secondary by due date found on first page.

STUDENT APPLICANT INFORMATION

Name:	Home Sc	hool:	Grade:		
First.	Last				
PEN #:	Birthdate (MM/DD/YYYY):	//	Age:		
Student Email (<u>print clearly</u>):		_ Student Cell:			
Mailing Address:					
City/Prov:	Postal Code:	Home Phone:			
Canadian Citizen: YES NO	Permanent Resident: 🚨 YES	□ NO			
International Student: YES N	NO Aboriginal: U YES U NO				
Name of referring Counsellor:		_ Grad Date (MM/YY	YY):/		
APP	PLICANT STATEMENTS and SIG	NATURE			
CHECK ALL ONCE READ AND UNDERSTOOD: The applicant understands the course runs full-time July 2 – mid-August, 2024 and is committed to this full-time course schedule. (No holidays permitted during this time.) Course delivery model is a blend of online asynchronous (Tuesdays) and face-to-face (Thursdays 10am – 1pm) The applicant gives permission for the KPU instructor and the SD38 Career Programs Office (CPO) to share information regarding course progress, attendance, and behaviour. The applicant understands that the CPO will report their final KPU course mark to their high school to be added to their high school transcript. The program tuition will be covered by Richmond SD38 and student pays for the program textbook(s). Upon successful completion, students will earn credit for one high school course (4 credits) + KPU post-secondary credits (3) Applicant's Signature: I certify that all statements in this application package are true and complete. Date: Applicant Signature:					





DUAL CREDIT APPLICATION CONTRACT – KPU Intro to Health Science 1115

- ➤ I understand that the Richmond School District will pay student tuition costs for this course.
- > I understand that students in HSCI 1115 are responsible for the course textbook(s) cost.
- ➤ I understand that students are responsible for arranging transportation to and from campus.
- > I understand that a vacation may not be taken during the scheduled course and that excellent attendance is required.
- I understand that the grades (incl. withdrawals) earned in this course will be placed on the student's high school record and be part of both their secondary and post-secondary academic history.

APPLICANT DECLARATION

APPLICANT DECLARATION	
 I agree to the above statements and conditions or I certify that all statements in this application page 	
Student Printed Name:	Date:
Student's Signature:	
PARENT/GUARDIAN DECLARATION	
 I agree to the above statements and conditions f I support my child's participation in this dual cred 	·
Parent/Guardian Printed Name:	Date:
Parent/Guardian's Signature:	

HIGH SCHOOL COUNSELLOR DECLARATION

- I have verified this student meets the requirements for this program.
- > I have reviewed the commitments of this program with the student and support their application.

Counsellor Printed Name:_	Date:	
Counsellor's Signature:		

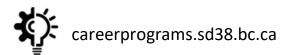
TEACHER REFERENCE

If selected, the Career Programs Office may contact your refer	ences to confirm support of your application.
Teacher #1 Full Name:	email:
Teacher #2 Full Name	email:

PRINCIPAL/VICE-PRINCIPAL APPROVAL

If selected, the Career Programs Office may contact your school's administrator to confirm approval.

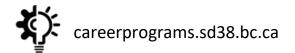




STATEMENT OF INTEREST AND INTENT

Introduction to Health Science 1115 - KPU

plicant FULL Name: School:
What has motivated / interested you to start this university health science course while still in high school ?
a) At this point in time, what is your intended career pathway and/or post-secondary program of interest after high school? b) Explain how taking this course will support your transition plan after high school.
Describe your knowledge, skills and attributes that will support your achievement as you complete your Kwantlen Polytechnic University HSCI 1115 course work.
Success in this course requires you to be very organized. Describe organizational strategies that you find to be helpful for your success in school.
What aspects of attending university do you believe will be the most challenging for you and how do you plato address those challenges?



APPLICANT PROFICIENCY SELF-ASSESSMENT FORM SD38 DUAL CREDIT KPU COURSE – HSCI 1115

I understand the expected commitment for the duration of this post-secondary course (schedule) and that it requires my attendance at the KPU Richmond Campus. This self-assessment will assist in determining my suitability and readiness for this post-secondary dual credit course.

Please indicate by highlighting or circling your proficiency for this post-secondary dual-credit program:

	<u>e</u>				
	Proficiency Scale	Emerging	Developing	Proficient	Extending
CORE COMPETENCIES		I demonstrate an INITIAL understanding of the concepts and competencies.	I demonstrate a PARTIAL understanding of the concepts and competencies.	I demonstrate a COMPLETE understanding of the concepts and competencies.	I demonstrate a SOPHISTICATED understanding of the concepts and competencies.
Communication I can understand and share information a a topic in an organized way (e.g. contribut class discussion, take initiative) I work with others to achieve a common goal can represent my learning, and tell how connects to my experiences and values	te to goal	"I am just getting started and learn best with help."	"I am beginning to do more and more on my own."	"I can do it on my own."	"I go beyond what is expected of me.
I generate new ideas or build on other people's ideas, to create new things withi constraints of a form, a problem, or mate I can build on others' ideas, add new idea my own, or combine other people's ideas create new options or solve problems	rials s of	"I am just getting started and learn best with help."	"I am beginning to do more and more on my own."	"I can do it on my own."	"I go beyond what is expected of me.
Critical Thinking I actively listen to others and analyze evid from different perspectives I can ask questions and gather informatio I can consider more than one way to procin an investigation or scenario	n	"I am just getting started and learn best with help."	"I am beginning to do more and more on my own."	"I can do it on my own."	"I go beyond what is expected of me.
Personal Awareness and Social Responsibility I can use strategies that help me manage feelings and emotions I can persevere with challenging tasks I can clarify issues, generate strategies, we consequences, compromise to meet the rof others, and evaluate actions	my eigh	"I am just getting started and learn best with help."	"I am beginning to do more and more on my own."	"I can do it on my own."	"I go beyond what is expected of me.
Positive Personal and Cultural Identity I can explain what my values are and how affect the choices I make I can understand I will continue to develop new abilities and strengths to help me me new challenges I can reflect on my strengths and identify potential as a leader in my community	p eet	"I am just getting started and learn best with help."	"I am beginning to do more and more on my own."	"I can do it on my own."	"I go beyond what is expected of me.

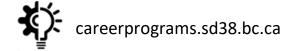
Based on my self-assessment I rank my overall proficiency and readiness for this program as (check one):					
☐ Fully Ready	☐ Somewhat Ready	☐ Could be Ready (with some support)			
Additional Comments: _					
Student FULL Name:		Student Signature:			

Graduation Plan – DISTRICT CAREER PROGRAM (Dual Credit/Other)

School District No. 38 (Richmond)

School Year of	f Program:	20	– 20
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LAST NAME:		FIRST NAME:		PEN:			
CAREER PROGRAM or COURSE Applied for: Home School Grade:							
 Click/check the box (⋈) to indicate courses in progress, completed or yet to take. PRINT the course name/location in spaces provided. Form is to ensure students will meet minimum graduation requirements by the end of Grade 12. (An audit requirement for Career Pgms) 							
CHECK In Progress or Completed	ONE Plan to Take	GRADUATION REQUIREMENTS (Mandatory)	CREDITS	COMPLETION DATE Month/Year (taken/to take)	COURSE LOCATION (School/RVS etc.)		
		Language Arts 10	4	/			
		Social Studies 10	4	/			
		Science 10	4	/			
		Mathematics 10	4	/			
		Physical and Health Education 10	4 4	/			
		Career Life Education (10 or 11)	1	/			
П	П	Language Arts 11	4	/			
		Social Studies 11 or 12	4	/			
		Science 11 or 12	4	/			
		Mathematics 11 or 12	4	/			
	1	Language Arts 12		/			
		Career Life Connections (with Capstone)	4 4	/			
In Progress or	Plan to Take	ARTS EDUCATION and/or ADST Course	CREDITS	Month/Year	COURSE LOCATION		
Completed	Паке	10 / 11 or 12	4	/			
In Progress or	Plan to	ASSESSMENTS + INDIGENOUS-FOCUSSED COURSE	CREDITS	Month/Year	COURSE LOCATION		
Completed	Take	Numeracy Assessment – Gr 10	-	/			
		Literacy Assessment – Gr 10	-	/			
		Literacy Assessment – Gr 12	-	/			
		Indigenous-Focused Course (if not already listed) 10 /11 /12 (circle)	4	/			
In Progress or Completed	Plan to Take	ADDITIONAL (ELECTIVE) COURSES: (3 must be Gr. 12) (circle grade)	CREDITS	Month/Year	COURSE LOCATION		
		12	4	/			
		12	4	/			
		10 / 11 / 12	4	/			
		10/11/12	4	/			
		10 / 11 / 12 10 / 11 / 12	4	/			
		10 / 11 / 12	4	/			
		10 / 11 / 12	4	/			
In Progress or Completed	Plan to Take	DISTRICT CAREER PROGRAM/COURSE: (DUAL CREDIT OR OTHER – SEE REVERSE)	CREDITS	Month/Year	COURSE LOCATION		
		Fill in name of Program / Course below (see reverse):					
				/			
TOTAL GRADUATION CREDITS (80 Minimum REQUIRED): Graduation Date: / Month / Year							
			-	Certificate (Evergreen)			
POST SECO	ONDARY I	PLANS: College/University Continue App	renticeship	\square Other (please specify)			
I have discussed the completion of my graduation plan with my parent(s)/caregiver(s)							
Student Sign	ature:	Parent Signature:		Date:			
DISTRICT Signa	District Signature: Date: Date: Revised: January 2024						



Course Codes, Credits and Locations for Dual-Credit (and other) Career Programs

(Updated January 2024)

Use this to fill in Graduation Plan sheet.

DUAL CREDIT PROGRAMS – Youth TRAIN in Trades:

(TRNA = BCIT / TRNJ = KPU / TRNZ = VCC / TRITA = private PSI)

Youth Train in Trades Dual Credit Program & Location	Course Codes	Total Credits
Aircraft Maintenance Engineer – BCIT	TRNA — 2A, 2B, 2C, 2D	16
Auto Collision & Refinishing Common Core – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Service Technician – BCIT	TRNA – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Baking & Pastry Arts – VCC	TRNZ – 2A, 2B, 2C, 2D, 2E	20
Carpentry (Framing / Forming) — BCIT	TRNA — 2A, 2B, 2C, 2D, 2E	20
CNC Machinist – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Electrician – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F	24
Heavy Duty Mechanic – VCC	TRNZ — 2A, 2B, 2C, 2D, 2E, 2F, 2G	28
Joinery – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F	24
Metal Fabricator – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E	20
Millwright – KPU	TRNJ — 2A, 2B, 2C, 2D, 2E, 2F	24
Painter & Decorator – FTI	TRITA – 2A	4
Plumbing - UAPIC	TRITA – 2A, 2B, 2C, 2D	16
Professional Cook - VCC	TRNZ – 2A, 2B, 2C, 2D	16
Refrigeration & AC Technician – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E, 2F	24
Sheet Metal – BCIT	TRNA — 2A, 2B, 2C, 2D, 2E	20
Welding – KPU	TRNJ — 2A, 2B, 2C, 2D, 2E, 2F	24

DUAL CREDIT PROGRAMS – OTHER:

Dual Credit Program / Course & Location	Course Code(s)	Total Credits
KPU Course (Health Science 1115 or single course via LinK38)	PSIJ — 2A	4
STRIVE Course (Kwantlen Polytechnic University)	PSIJ — 2A (Not claimed on 1701)	4
ECE Assistant Certificate (Delta Continuing Ed is location)	ECECD – 2A and 2B (Not claimed on 1701)	8
Medical Lab Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E	20
Health Care Assistant (Vancouver Community College)	PHCZ – 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H	32
Auto Trades Sampler (Vancouver Community College)	TSTZ – 2A, 2B, 2C (10 week/ 300 hour program)	12

NON-DUAL CREDIT PROGRAMS:

Program Name & Location	Course Code(s)	Total Credits
Manufacturing & Engineering Co-op (MEC)	WEX 12A and MSTX 1A or 2A (Burnett)	8 (4 each)
(Burnett and RVS)	MENR-11 and MWTC-12 (via RVS but at Burnett)	8 (4 each)
Youth Work in Trades	MWRK 1A, 1B, 2A, 2B (ONLY RVS enters)	4 each
(Richmond Virtual School – RVS)	WWW. IA, IB, ZA, ZB (ONLI KV3 enters)	(up to 16 total)
Youth Explore Trades Skills	MSTX 0A (gr 10) or 1A (gr 11) or 2A (gr 12)	4
(Location is student's home school)	MSTX 0B (gr 10) or 1B (gr 11) or 2B (gr 12)	4





Please type in fields, then print and sign before submitting.

submitting.								
Application for Admission High School		School District Partner						
Dual Cre	dit Programs		Start Term:		Spring		Summer	Start Year:
FULL LEGAL NAME (N	IO INITIALS)							
Surname (Legal Last/Family name)					Former Surna (if applicable)	me		
Legal Given First Name Legal Given Middle Nam								
						Prefe	erred name is	s displayed in KPU's e-learning environment
CONTACT INFORMA	TION							
Email Address								
Mailing Address							City / Municipali	ity
Province	Postal Code		Home Telephone					Cellular/Mobile Phone
PERSONAL INFORMATION	CITIZENSHIP S	TATUS						OPTIONAL
*Gender	Country of Citizen	ship						KPU is dedicated to Aboriginal student success. An
Woman	First Language							Aboriginal person is identified as "an Indian, Métis or Inuit person of Canada" [Constitution Act of 1982, Part II,
Man	Country of Birth_							Section 35(2)].
☐ Non-binary								I wish to be identified as an Aboriginal person.
Choose not to disclose		* Idian Citizen						If you have chosen to identify as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity:
* Date of Birth	Perm	nanent Reside	ent (landed Immigr	ant)				To Since Notices

First Nations Approved Convention Refugee Métis MM Minister's Permit Inuit Diplomat or Dependent * Gender and date of birth are required for you to access the Not a Citizen of Canada online student system and for Please contact me regarding Aboriginal student identification purposes. support and services *Legal documentation may be required **EMERGENCY CONTACT** Legal Given Surname First Name (Legal Last/Family name) Telephone

ADDITIONAL INFORMATION							
I am requesting information on student services related to:							
☐ Illness or disability ☐ Students with chile	dren	Scholarships and financial assistance					
SECONDARY SCHOOL EDUCATION (HIGH SC	CHOOL)						
When will you graduate from Secondary (High) School? _		Personal Education Number (BC only)					
School Name		<u> </u>					
Location		<u> </u>					
LEGAL							
I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University. Completion of this signed application permits Kwantlen Polytechnic University to request and/or confirm any information necessary to support my application for admission.							
•		the British Columbia Ministry of Education to Kwantlen Polyte most current policies of the University during my tenure as a s	•				
In signing this application for admission, I understand that this information, along with subsequent information placed in my student records will be used for the purposes of admission, registration, graduation, research, alumni and development, student association and other purposes consistent with the mandate of the institution. Kwantlen Polytechnic University reserves the right for the Registrar to share information with the Ministry of Advanced Education, Training and Technology, or other related government agencies and dual enrolment partners. Kwantlen Polytechnic University also reserves the right for the Registrar to share information with other post-secondary institutions in situations where an applicant has been found to have falsified documents or other information on their Application for Admission. The use of this information will be in compliance with the Freedom of Information and Protection of Privacy Act. The information on the admission form is being collected under the authority of the University Act.							
Signature:		Date:					
FOR OFFICE USE ONLY (Do not write in shade	ed areas)						
Date	Entered By:		Initials				
Comments:							
Cohort:							
Control.							



Third Party Waiver/Release of Information Form for Dual Credit partnership programs

Submit form to Student Enrolment Services on any campus.

Student Name:						
First Name	Last Name	Date of Birth (dd/mn	n/yy)	KPU Student Number (office use only)		
Part I – Student Information						
I authorize	and	acc	ess to th	ne following information:		
☐ Academic status	(optional: print name of additional	person)		-		
☐ Convocation information (only for	CTC/Youth TRN Foundations)					
☑ Enrolment status information						
□ Grades □ Registration information (including	g current registration status					
☐ Special needs documentation/Disa	_					
,	,					
Part II – Financial Information (Note: re	fund cheques will only be issued to the stude	ent, not a third party,	even in c	ases where a waiver is in		
place)						
I authorize	and(optional: print name of additional	acc	ess to th	ne following information:		
⊠Student account balance	(<i></i>				
Student awards Student loan information						
☐ Student loan mornation ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐						
Part III – Student Transactions						
	to carry out the following transactior	ns on my behalf:				
✓ Add/drop courses	to carry out the renewing transaction	is on my senam				
☐ Pay fees						
☐ Order transcripts, confirmation o	f enrolment letters, signed scholarshi	p/RESP forms				
☐ Other (specify)						
Part IV – Duration (waivers are valid f	or a maximum of one year only from	the start date)				
This waiver will be valid for the follow	ring period:					
From: Date (day/month/year)	To: Date (day/n	nonth/vear)				
IMPORTANT!! Access to online fee p	ayment and registration services is	controlled throu	gh each	student's User ID and		
PIN (password). It is the responsibility of each student to control access to their PIN. Under no circumstances will a						
student's PIN be released to a third p	party, even in cases where a third pa	arty waiver has b	een sign	ed.		
Part V – Signature - Student records are						
required by law. Your signature indicates that you are requesting your records be revised and that information contained herein is accurate to the best of your knowledge. KPU considers a falsified waiver form as fraud.						
Student signature	aca waiver form as mada.	Date				
Office Use Only						
Date received:	Received by:	Date enter	ed (dd/mm	n/yy):		