



**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 15<sup>th</sup> 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 :** \_\_\_\_\_



# SIP

SOUTH ISLAND PARTNERSHIP

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**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](http://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](mailto: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](http://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](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.









## 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**

<b>Registration Completion Verification:</b>	<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	<b>Courses applying for:</b>
<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 <b>*Please provide a copy of the IEP</b>
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:
<b>LIFE THREATENING HEALTH CONDITION</b> 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"> <li><input type="checkbox"/> Anaphylactic or severe allergies to food or insect stings</li> <li><input type="checkbox"/> Asthma that has resulted in hospitalization in the past year</li> <li><input type="checkbox"/> Blood clotting disorder (e.g. hemophilia)</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years</li> <li><input type="checkbox"/> Serious heart condition (e.g. heart murmur, heart repair)</li> <li><input type="checkbox"/> Other – please specify: _____</li> </ul>	

**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**

<b>Adult Graduated Student Fee:</b>	No fee
<b>International Student Fee:</b>	
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**