

- Complete the following application form and attach it to your option selection sheet.
- All applicants will be required to attend an interview.

	Student Name: _____		
Current School: _____	Grade: _____	Homeroom: _____	
Home Telephone: _____	Date of Birth: Month ____ Day ____ Year ____		
	Home Address: _____		
City/Town: _____	Postal Code: _____		
	Will you have a minimum of sixteen credits completed by June of this school year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What was your average last semester? _____		What area of business are you interested in? _____	
Number of days absent last semester: _____		Number of days late last semester: _____	
	What is your likely destination after Secondary School? Apprenticeship <input type="checkbox"/> Work <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/>		
	In the space below explain why are you interested in being considered for this special high skills program?		
	In the space below outline your EXPERIENCE in the area of interest you have selected, additionally, outline any extra curricular and community involvement (consider hobbies, sports, music, theater, clubs, organizations).		
	Check any up-to-date qualification you have in the areas of (note copies of certifications must be presented): <input type="checkbox"/> First Aid <input type="checkbox"/> CPR C with AED <input type="checkbox"/> WHMIS <input type="checkbox"/> Health & Safety Basic <input type="checkbox"/> Leadership: certification name: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Customer Service: certification name: _____		

