



Kawartha Pine Ridge District School Board

SPECIALIST HIGH SKILLS MAJOR (SHSM) STUDENT APPLICATION FORM

STUDENT INFORMATION			
Student's Name:	Student's ID Number:	Date of Birth: (YY/MM/DD)	
Address and Postal Code:	Home Phone Number:	Cell Phone Number:	
Email:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade (circle) 10 11 12	# Credits Attained to Date:
Current School:	Principal:		
WHAT IS REQUIRED?			
<p>Every SHSM must include the following five components:</p> <ul style="list-style-type: none"> • a specific bundle of 8-10 credits of Grade 11 and 12 credits including Contextualized Learning Activities (CLAs) • sector-recognized certifications and/or training courses • experiential learning activities within the sector • reach ahead: experiences connected with the student's chosen post-secondary pathway • development of key essential skills and work habits required in the sector, and the use of the Ontario Skills Passport (OSP) for purposes of documentation. <p>What is meant by Bundled Credits? The bundle of 8-10 credits must include:</p> <ul style="list-style-type: none"> • four major credits that provide sector-specific knowledge and skills • two to four other required credits from the Ontario curriculum, in which some expectations are met through learning activities contextualized to the sector (CLA) • two credits in cooperative education related to the major credits. 			
PROGRAM CHOICE			
<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Business	<input type="checkbox"/> Construction	
<input type="checkbox"/> Environment	<input type="checkbox"/> Energy	<input type="checkbox"/> Forestry	
<input type="checkbox"/> Health and Wellness	<input type="checkbox"/> Horticulture and Landscaping	<input type="checkbox"/> Hospitality and Tourism	
<input type="checkbox"/> Information and Communication Technology	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Non-profit	
<input type="checkbox"/> Sports	<input type="checkbox"/> Transportation		

WHICH POST-SECONDARY DESTINATION(S) ARE YOU CURRENTLY CONSIDERING

<input type="checkbox"/> Apprenticeship	Skilled Trade:	
<input type="checkbox"/> Work	Career/Job:	
<input type="checkbox"/> College	College Name (Choice #1):	College Name (Choice #2):
	Program:	Program:
<input type="checkbox"/> University	University Name (Choice #1):	University Name: (Choice #2):
	Program:	Program:

FOR CO-OP PLACEMENT PURPOSES

Preference for a placement in a specific job/career or with a specific employer?	Choice 1:	Choice 2:
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Check your preferred grade for your Co-op program Grade 11 Grade 12

Check your preferred schedule for your Co-op program Semester 1 Semester 2

SHSM Planning With Guidance (Course Planner)

Notes:

Guidance Signature: _____ Date: _____

APPROVAL

I hereby agree to the participation of the above-named student in an SHSM Program of the Kawartha Pine Ridge District School Board.

Student's Signature:	Parent/Guardian's Signature:	Principal's Signature:
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Date: Year/Month/Day	Date: Year/Month/Day	Date: Year/Month/Day
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Office Use Only

I.E.P. (If applicable)	<input type="checkbox"/>
Credit Counseling Summary	<input type="checkbox"/>
Attendance Report	<input type="checkbox"/>

The information in this application will be used for purposes consistent with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.