



# APPLICATION FOR ADMISSION HIGH SCHOOL PARTNERSHIP FOUNDATION PROGRAM

SUBMIT THIS APPLICATION TO YOUR HIGH SCHOOL COUNSELLOR OR CAREER COORDINATOR.

**Instructions:** 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to your high school.

Fields marked with an asterisk (\*) are **mandatory**.

## PERSONAL INFORMATION

Your BCIT Student Number <b>A00</b> <small>First time at BCIT? We will create your student number.</small>	Personal Education Number (PEN) <small>For current or past BC high school students only.</small>	Social Insurance Number (SIN)	Birth Date (DD-MMM-YYYY)*
Legal First Name (given name)*	Middle Name	Legal Last Name (family name)*	
Preferred First Name	Previous Last Name (e.g. maiden name)	Gender* <input type="radio"/> Male <input type="radio"/> Female	

## CONTACT INFORMATION

Please provide at least one phone number\*

Mailing Address (number and street)*			Home Phone Number
City*	Province	Postal Code*	Mobile Phone Number
Country*	Personal (non-BCIT) Email Address* (MANDATORY)		

## CITIZENSHIP / LANGUAGE

## ABORIGINAL STATUS

Status in Canada* <input type="radio"/> Canadian Citizen <input type="radio"/> Diplomat or Diplomat Dependent <input type="radio"/> Live-In Caregiver Work Permit <input type="radio"/> Non-Canadian – Distance/Online <input type="radio"/> Permanent Resident <input type="radio"/> Refugee – Claimant <input type="radio"/> Refugee – Status Granted <input type="radio"/> Study Permit <input type="radio"/> Visitor or Visitor Visa <input type="radio"/> Work Permit	Country of Citizenship*	Do you identify yourself as an Aboriginal person? <input type="radio"/> Yes <input type="radio"/> No
	Country of Birth*	If you identify yourself as an Aboriginal person, are you (please check all that apply): <input type="radio"/> First Nations <input type="radio"/> Métis <input type="radio"/> Inuit
	Is English your primary language?*	Please send me information on services available to Aboriginal students. <input type="radio"/> Yes <input type="radio"/> No

## EMERGENCY CONTACT INFORMATION

First and Last Name	Phone Number	Relationship to You
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## PROGRAM INFORMATION

Program Name*
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**SECONDARY SCHOOL INFORMATION**

School Name	Location	Current Grade
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**LEARNING SUPPORT INFORMATION – VOLUNTARY DISCLOSURE**

Do you have an Individual Education Plan (IEP), a learning condition or other disability for which you may require additional support services?

Yes  No

If Yes, your next step is to make an appointment with BCIT's Disability Resource Centre. Visit [bcit.ca/drc](http://bcit.ca/drc) or phone 604.451.6963.

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS (MANDATORY)**

I agree that this application, my relationship with BCIT, any disputes arising there from, will be governed by and construed in accordance with the laws of British Columbia and laws of Canada applicable in British Columbia, that the British Columbia courts will have exclusive and preferential jurisdiction over any complaint, demand, claim, proceeding or cause of action arising out of this application or my relationship with BCIT, and that, if I commence such proceedings, I will do so only in British Columbia, and will submit to the exclusive and preferential jurisdiction of British Columbia.

I hereby declare that the information I submitted on this application is true and correct. Completion of this signed application authorizes BCIT to request information necessary to support my application for admission. I understand that BCIT has a right to cancel this application if the information contained in it has been misrepresented. If I am admitted to BCIT, I agree to abide by its policies and regulations.

Signature	Date
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**CONSENT TO RELEASE PERSONAL INFORMATION TO YOUR SCHOOL DISTRICT (MANDATORY)**

Please sign this consent to allow your school district to have access to your BCIT admissions, registration and/or academic history. I authorize BCIT to release my personal information concerning admissions, registration and/or academic history to the school district listed below for the period starting from today until the completion of my studies at BCIT.

School District	Signature
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**CONSENT TO RELEASE PERSONAL INFORMATION (OPTIONAL)**

Please sign this consent if you want another person, family member, employer or agency to have access to your BCIT admissions, registration and/or academic history. I authorize BCIT to release my personal information concerning admissions, registration and/or academic history to the person or agency listed below for the period starting from today until the completion of my studies at BCIT.

Name/Organization	
Relationship to you	Signature

**TO BE COMPLETED BY SCHOOL DISTRICT**

Student Type	<input type="radio"/> Code H	<input type="radio"/> Code J
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