

# TO BE COMPLETED BY SCHOOL

ATTACH THIS FORM TO APPLICATION FOR SUBMISSION

Please check (✓) each area to make sure the application is complete. Incomplete applications will not be accepted and will be returned to the school.

Student Name: Jodi Smith

- The applicant's photo is an original and the face of the photograph has been endorsed by a school official. The photograph is a recent, clear, "passport-like" photo.
- The first page giving personal information has been fully completed, including the PEN number.
- A refundable cheque for the fee of \$50.00 has been enclosed. The full name of the student and school are printed clearly on the back of the cheque. **Independent School, International, and Adult Students** attach a non-refundable fee of \$195.00. **All cheques payable to Delta School District.**
- The Personal Background pages have been completed:
  - how knowledge of the subject was acquired;
  - how the Challenge Exam fits into the student's learning plan;
  - signatures.

(reminder: please place Personal Background in the student's file, do not submit with the application)

- Supporting documents have been reviewed. Student is not eligible for Equivalency.
- I have read the information below.
  - o **Students who have written and received a passing grade for this challenge exam in the past are not permitted to write the challenge exam again. If a student is found to have submitted a duplicate application, their application form will be returned and they will be charged a non-refundable \$25.00 processing fee.**
  - o **Students who are currently registered in the subject being challenged are not eligible to write the challenge exam.**

School stamp: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Name of person responsible for Challenges at the school)

\_\_\_\_\_  
(Signature of person responsible for Challenges at the school)

Counsellor's Email: \_\_\_\_\_

**If you are sending this application directly to us -- please submit by November 15<sup>th</sup> 2019 to:**

**Attn: Phil Manuel  
Delta Continuing Education  
4750 – 57th Street  
Delta, BC V4K 3C9**

# 2019/2020 APPLICATION FOR CHALLENGE

**Please type all highlighted fields before printing this application. Please complete a separate form for each course being challenged. Multiple registrations using the same form will not be accepted and will be returned to the school.**

Date of Application: Jodi Smith

Subject of Challenge:

**French 11**



(Use the Special Adjudication area below only if you need special assistance with your exam. For example you may have a learning disability, hearing or vision issues, or other physical challenges)

This is the likeness of the student applying for this Challenge (✓)  
**School official must sign the front/top of the photo.**

**Please indicate if there is a need for Special Adjudication Provisions by STAPLING the appropriate documentation to the front of this application -- state clearly the student's needs.**

### STUDENT INFORMATION (PLEASE PRINT)

Last Name: Smith Given Name(s): Jodi

Usual Name (if different from above): \_\_\_\_\_

Student PEN Number: 123 - 456 - 789

Apt. #: 16 Mailing Address: 3150 Riverwood Way

City: Port Coquitlam Postal Code: V3C2B9

Telephone: 604-123-4567 Current Grade Level: 11

Birthdate: 16 / 10 / 2003 Sex: Male  Female   
Day Month Year

School: Riverside Secondary

School District: Coquitlam #43

International Student: Yes  No  Email: jodismith@sd43.bc.ca

**We will contact you through your email address -- please make sure it is current and correct**

A refundable fee of \$50.00 is enclosed. (Independent School, International students and Adults please attach a cheque for \$195.00 for exam fees – non-refundable). Please make all cheques payable to the **Delta School District**. Print the full name of the **student, school, and course** on the back of the cheque.

Deadline for Registration: **November 1st, 2019**

Exam dates are either: **January 25<sup>th</sup> and 26<sup>th</sup>, 2020** (exam schedule on page 3)

**Note:** There will be a \$25.00 administration fee charged on refund requests received up to December 6th, 2019. No refunds or changes will be given after December 6th, 2019

Graham Gandl

Name of Parent or Guardian (please print in English)

Jodi Smith

Student Signature

Jodi Smith

Parent/Guardian Signature

\* For Mandarin exams, the Traditional Character version and Simplified Character version of the examination are exactly the same in content. However, the two examinations use different Chinese characters (traditional or simplified). Generally, students who have received their education in Taiwan and Hong Kong apply for the Traditional Mandarin examination. Students who are from Mainland China generally apply for the Simplified Mandarin examination.

If you are unsure about which examination you should write, please speak with your school Counsellor.

**For Student File Only – Not To Be Submitted**  
**PERSONAL BACKGROUND**

**Note: This information is useful for the Counsellor in determining the suitability of the candidate. We ask that this information be placed in the student's file and not be forwarded with the application package. Please check (✓) the boxes that apply:**

1. I have acquired my knowledge of the language as follows: (check (✓) as many as apply)

	<input checked="" type="checkbox"/>	<u>No. of years</u>	<u>Where</u>
PROGRAMME FRANCOPHONE:	<input checked="" type="checkbox"/>	<u>6</u>	<u>In Quebec</u>
SCHOOL IMMERSION PROGRAM:	<input checked="" type="checkbox"/>	<u>6</u>	<u>Quebec</u>
LIVED IN AREA WHERE LANGUAGE SPOKEN:	<input checked="" type="checkbox"/>	<u>9</u>	<u>Quebec</u>
LIVE IN HOME WHERE LANGUAGE SPOKEN:	<input checked="" type="checkbox"/>	<u>17</u>	<u></u>

I would rate my ability in the language as follows:

	<u>Beginner</u>	<u>Intermediate</u>	<u>Advanced</u>
UNDERSTAND (Listening)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. I have reviewed and am able to demonstrate mastery of the provincial learning outcomes (IRP) designated for the course challenge. I realize that a variety of assessment procedures will be used.

YES                       NO

3. I understand that the challenge examination will include the provincial learning outcomes (IRP) of the full course.

YES                       NO

4. This Challenge supports my academic goals in the following way(s):

I need a grade 11 language to  
apply for UBC

5. I have chosen the following supporting documents to share with teachers and/or other school personnel:

- Report cards:
- Certificate of achievement:
- Letter of recommendation:  
(outside agency)

6. I have reviewed the exam specifications (<https://www.deltasd.bc.ca/schools/secondary/challenge-exams>) and IRP (<https://curriculum.gov.bc.ca/curriculum/second-languages/all/courses>) and am fully prepared to write the Challenge exam.

- YES  NO

7. I understand:

- I must be available between 9:00 am and 4:00 pm on exam days (January 25<sup>th</sup> and 26<sup>th</sup>, 2020 – see schedule on p. 3).
- I cannot choose or change my assigned exam date.

8.  I understand that if I need to cancel or withdraw from the Challenge exam and want a refund, I must notify the Challenge contact at my school in writing. (A \$25.00 administration fee will be charged on all refund requests received by December 6th, 2019. Refunds will not be issued after December 6th, 2019 and no changes will be made.)

11.  I have **NOT** previously written a Challenge Exam for this course and received a passing grade.

**You are not allowed to take the Challenge Exam if you have passed the exam previously – you cannot take it again to improve your mark. See your Counsellor for details.**

  
\_\_\_\_\_  
(Student Signature)

  
\_\_\_\_\_  
(Parent/Guardian Signature)