

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="radio"/> Male <input type="radio"/> Female	Grade (circle) <b>10 11 12</b>	# Credits Attained to Date:
Current School:	Guidance Counsellor:	Principal:	
What is Required?			
<p>Every SHSM must include the following five components:</p> <ul style="list-style-type: none"> <li>• a specific bundle of 8-10 credits of Grade 11 &amp; 12 including Contextualized Learning Activities (CLAs)</li> <li>• sector-recognized certifications and/or training courses</li> <li>• experiential learning activities within the sector</li> <li>• reach ahead: experiences connected with the student's chosen postsecondary pathway</li> <li>• development of key essential skills and work habits required in the sector, and the use of the Ontario Skills Passport (OSD) for purposes of documentation</li> </ul> <p>What are Bundled Credits? The bundle of 8-10 credits must include:</p> <ul style="list-style-type: none"> <li>• four major credits that provide sector-specific knowledge and skills</li> <li>• two to four other required credits of the Ontario curriculum, in which some expectations are met through learning activities contextualized to the sector (CLA)</li> <li>• two cooperative education credits related to the major credits</li> </ul>			
Postsecondary Destination			
<input type="radio"/> <b>Apprenticeship</b>	Skilled Trade:	Certification of Qualification	
<input type="radio"/> <b>Workplace</b>	Career/Job:	Employment Sector:	
<input type="radio"/> <b>College</b>	College/Program (1 <sup>st</sup> Choice):	College/Program (2 <sup>nd</sup> Choice):	
<input type="radio"/> <b>University</b>	University/Program (1 <sup>st</sup> Choice):	University/Program (2 <sup>nd</sup> Choice):	

Coop Placements			
Preference for a placement in a specific job/career or with a specific employer.	Choice 1:	Choice 2:	
Circle your preferred grade for your CO-OP Program	<b>11</b>	<b>12</b>	
Circle the preferred schedule for your CO-OP Program	Semester 1	Semester 2	Summer
Teacher References			
1. Teacher Name:	Teacher Signature:		
2. Teacher Name:	Teacher Signature:		
Approval			
I hereby agree to the participation of the above-named student in the Beamsville District Secondary School SHSM Program in Sport offered by the Niagara District School Board.			
Student's Signature:	Parent/Guardian Signature:	Principal's Signature:	
Date: (YY/MM/DD)	Date: (YY/MM/DD)	Date: (YY/MM/DD)	
Office Use Only			
I.E.P (if applicable)	<input type="radio"/>		
Credit Counselling Summary	<input type="radio"/>		
Attendance Report	<input type="radio"/>		
<b>Notes:</b>			
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.			