



ST. JOSEPH S.S.

SPECIALIST HIGH SKILLS MAJOR

STUDENT APPLICATION FORM

STUDENT INFORMATION			
Student Name:	Student Number:	Date of Birth: (YY/MMM/DD)	
Address and Postal Code:	Home Phone Number:	Cell Phone Number:	
Current School:	Male Female	Grade 10 11 12	# Credits Attained to Date:
Principal:	Email:		

WHAT IS REQUIRED?

Every SHSM must include the following five components:

- a specific bundle of nine 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.

What is meant by Bundled Credits?
 The bundle of nine credits must include:

- four major credits that provide sector-specific knowledge and skills
- three 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

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

Apprenticeship	Skilled Trade:	
Work	Career/Job:	
College	College Name (Choice #1):	College Name (Choice #2):
	Program:	Program:
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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Circle your preferred grade for your Co-op program **Grade 11** **Grade 12**

Circle your preferred schedule for your Co-op program **Semester 1** **Semester 2**

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 an SHSM Program at St. Joseph S.S.

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

OFFICE USE ONLY

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