



Trades Sampler Program

The Trades Sampler program allows students to dive deep into a variety of trades as they find their preferred career path. Thanks to this partnership between the Ministry of Education and ITA, students gain hands-on experience before they enroll in a high school apprenticeship program like Youth TRAIN in Trades or Youth WORK in Trades.

In partnership with U.F.V. Trades & Technology, students receive workplace skills training around tools & equipment, workplace safety and job readiness skills, and receive a number of industry certifications. Students complete technical modules, covering four or more specific trades, including contact with at least one employer in each trade.

Students may also have the option to complete an embedded Work Experience course, where they will receive up to 100 hours of community-based Work Experience placements in a trade of their choice.

Trades Sampler students should...

- Have a keen interest in the skilled trades
- Be considering a career in skilled trades
- Have a good attendance record
- Be able to handle the rigours of a University-level program
- Have access to reliable transportation to U.F.V.

ita | YOUTH

EXPLORE

TRADES SAMPLER



Student Name: _____

Date: _____

Career Programs Application



Name: _____

Current Grade _____

ITA YOUTH TRAIN IN TRADES

Automotive Service Technician

Hairstylist

Welding

WORK EXPERIENCE

WEX 12A

WEX 12B (Must complete WEX 12A first)

ITA YOUTH WORK IN TRADES

Specify trade _____

REGIONAL CAREER PROGRAMMING (RCP) - UFV

Specify Course Option:

TRADES SAMPLER PROGRAM

I, _____ do hereby declare that I will:

- Adhere to the School District Code of Conduct
- Adhere to the School Code of Conduct
- Be in attendance at all courses
- Maintain passing grades in all courses

I am aware that this program is a challenging opportunity and am willing to abide by the rules set forth by Chilliwack School District.

Student's Signature

Parent's Signature

Date: _____

Date: _____

District Career Programs Registration



Chilliwack
School District

STUDENT INFORMATION

Legal Last Name _____
Legal First Name _____
Usual Last Name _____
Preferred First Name _____
Birth Date (Day/Month/Year) _____
Home Phone _____ CELL Phone _____
Student email (please print clearly) _____
Home School _____ Grade _____

IMMIGRATION/CITIZENSHIP STATUS

International Student

ADDRESS INFORMATION

Street Address _____
Apt No _____ City _____
Province _____ Postal Code _____
Mailing address (if different from above) _____

PROGRAM

Have you had learning assistance in middle or high school? Yes No

ELL (English Language Learner)

Special Education – which program? _____

*I have an IEP (Individualized Education Plan)

PARENTS/GUARDIANS

First Contact

Relationship to student _____
Last Name _____ First Name _____
Address (if different than student) _____
Home Phone _____ Work Phone _____
Cell phone _____ Email _____

Second Contact

Relationship to student _____
Last Name _____ First Name _____
Address (if different than student) _____
Home Phone _____ Work Phone _____
Cell phone _____ Email _____

Are there any legal documents in force re: custody/guardianship/access? Yes No

If so, please explain briefly _____

Have you provided a copy of these legal documents to the school? Yes No

District Career Programs Registration



Chilliwack
School District

MEDICAL INFORMATION

Dr Name _____ Phone _____

Care Card No. _____

Allergies and Conditions _____

Are any of these conditions life threatening? Yes No If so, which? _____

Life Threatening Conditions/Medications or Treatment Required:

Condition _____ Treatment _____

(AP 327 – Medical Alert Conditions, AP328 – Administration of Medication to Students, and AP 330 – Allergic Shock (Anaphylaxis). Copies are available at the school office or on the District website).

Parent/Guardian Name: _____ Signed: _____
(Parent/Guardian)

Dress Code:

It is expected that students conform to district dress code guidelines in addition to work site specific requirements (e.g. Trade specific, Professional office attire, Personal Protective Equipment, Uniform)

Date: _____ Student Signature: _____

Student Information Release:

In accordance with the Freedom of Information and Protections of Privacy Act, Chilliwack School District requires consent to use personal information for purposes unrelated to educational programs. Please sign for each item below if you authorize disclosure as described.

I give my consent for release of my name, address, email and phone number to school district personnel to enable them to contact me regarding school issues, meetings or school related activities.

Date: _____ Student Signature: _____

Student Images

Your child's photograph may be used for administrative and identification purposes consistent with providing an educational program. In addition, your child's name, photograph and comments may be published in the school yearbook, school newsletter or brochure, school video or in a district annual report, calendar or website.

I consent to the use of my child's name, photograph and comments for purposes consistent with the above.

Date: _____ Parent/Guardian Signature: _____

Students cannot be photographed in classrooms or in school yards during school hours without student or parental consent. However, at various times throughout the school year, the school may invite spectators – including parents or media – to certain school events (school play, concert, sporting event, special classroom activities, etc.)

I consent to the publication of my child's name, photograph and comments in the news media for purposes consistent with the above.

Date: _____ Parent/Guardian Signature: _____