



SCHOOL DISTRICT NO. 73
(Kamloops - Thon)



Discover Day: Software Engineering Faculty of Science, Thompson Rivers University

Field Trip Date: November 19, 2021

Application Checklist:

- Page 1 (this page) completed and signed by Parent/Guardian
- Page 2 Student Written Application completed by student
- Page 3 Covid Protocol Agreement Form completed by student
- Page 4 Secondary Field Trip Consent Form completed and signed by Parent/Guardian

Application Form

PERSONAL INFORMATION:

Name _____

(Last Name)

(First Name)

(Middle Name)

Birth Date _____ Age _____ Grade _____

Student Email Address _____

Student Phone _____

Parent/Guardian Name _____

Parent/Guardian Contact Phone _____

SCHOOL INFORMATION:

School Name _____ Principal's Name _____

Grade _____ Transitions Coordinator's Name _____

Lunch is provided by the TRU Software Engineering Department. Please list dietary needs

*** Please give this application to your Trades and Transitions Coordinator by November 10th, 2021. You will receive notification of acceptance on November 15th, 2021.**



Student Written Application

Please answer the following questions, thoughtfully. Your responses will be considered in the application process.

1. What about the Software Engineering Industry interest you?

2. What experience do you have that is related to Software Engineering?

3. Rank your top three career choices? (you can rank anything like engineering, software engineering, programming, design (web/game), computer science – the more specific the better)

4. What do you hope you will learn about software engineers?

Is there something Trades and Transitions should know about you in considering your application for a spot to go this Discover Day with TRU Software Engineering?



SCHOOL DISTRICT NO. 73
(Kamloops-Thompson)



Trades and Transitions
SCHOOL DISTRICT NO. 73

Discover Day: Software Engineering Faculty of Science, Thompson Rivers University

November 19, 2021

COVID Protocol Agreement Form

Dear Students / Parents / Guardians.

Hello! This is a collaborative event between two institutions (School District No. 73 and Thompson Rivers University). Students must agree to comply with all COVID protocols for both the School District and Thompson Rivers University for the duration of the event from departure to return to the schools.

NOTE: Proof of vaccination is NOT required for this event.

By signing this form, I agree to the following COVID protocols:

- I have not, or will not be, traveling outside of Canada within 14 days prior to the event;
- I will not attend if I have exhibited symptoms consistent with the presentation of COVID-19 within 14 days prior to the event;
- Comply with mandatory mask wearing in all areas required during the event;
- Comply with all other COVID protocols that may arise during the event (physical distancing requirements, gathering limitations that vary due to space, etc)

Student Full Name (Print)

Student signature

Date



LOWER RISK SECONDARY FIELD TRIP PARENT CONSENT FORM

Principal's approval: K. Klaidner
Please return before: _____

Activity: _____ Teacher: _____

Location: _____ Date(s): _____

Arrive at TRU: _____ Depart TRU: _____

Overview Itinerary for the Field Trip Program:

Transportation: Walking to and from the activity Transported by school bus
 Driven in private vehicles Drivers required

Volunteer drivers must be at least 21 years old and have at least \$1,000,000.00 liability insurance. There must be a seatbelt for each child/youth and no air bag on the front passenger side unless the passenger is 12 years of age or older. Drivers are responsible for complying with all child/youth restraint/booster seat requirements. Driver must have completed an SD73 Volunteer Driver Form.

Parent Helpers Required: Yes No **Lunch Required:** Yes No

Fee to be Paid: Yes No **Amount Required:** \$ _____

*** This permission slip must be returned for your child/youth's participation - written notes or phone calls will not be accepted to grant permission.**

PERMISSION SLIP

I have read and am informed about the proposed field trip to _____ on _____.
I request that my child/youth _____ participate in this trip. I understand there is a cost involved and have enclosed \$ _____ with this form.

I, the undersigned parent or guardian of the above named student, request that my child/youth be allowed to participate in the event described above. Both my child/youth and I understand that Board Policy #240 *Student Behaviour – Discipline* applies on all field trips. The use of alcohol or drugs and/or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

List medical conditions/medication the staff/supervisor should be aware of: _____

Please supply the school with: family physician, Care Card number and emergency numbers (if not already on file).

Parent/Guardian Signature: _____ Phone: _____ Cell: _____

I can help drive # _____ students with seatbelts. I can help supervise: Yes No

I have completed the Volunteer Driver Form: Yes No

I have a Volunteer Driver Form on file with the office and all information is still current: Yes No

Teacher/Office Use Only
Fee for Field Trip Received: Yes No Amount: _____ Initials: _____