



School District No. 73 (Kamloops-Thompson)  
**Digital Arts and Technology Academy**  
**Student Application**



Date: \_\_\_\_\_ Grade (time of application) \_\_\_\_\_ Grade (at Program start) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street Address / PO Box City Postal Code

Parent Phone: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Present School: \_\_\_\_\_ Student PEN: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student\_Email: \_\_\_\_\_

### **APPLICATION CHECKLIST**

*For assistance or more information, please contact your TNT Coordinator or Counsellor.*

**Deliver completed Application, no later than February 18, 2022 to your TNT Coordinator**

All items below are required:		Page(s)	Completed & Attached
1	Completed Application Checklist – this page (1 signature required at bottom)	1	<input type="checkbox"/>
2	Program Description (Applicant to keep)	2	Applicant to Keep
3	\$350 Program fee to be included with this Application <i>(Please make cheque payable to School District No. 73)</i>	--	<input type="checkbox"/>
4	Completed Student Enrollment Form/Medical Alert Planning Form	3-6	<input type="checkbox"/>
5	Completed Student / Parent Statement Form	7	<input type="checkbox"/>
6	Essay Portion	8	<input type="checkbox"/>
7	Applicant Evaluation #1 – To be completed by Teacher	9	<input type="checkbox"/>
8	Applicant Evaluation # – To be completed by Employer or Community Member	10	<input type="checkbox"/>
9	Student Education/Transition Plan	11	<input type="checkbox"/>
10	Secondary School Transcript to be attached (See Transitions Coordinator or Counsellor to obtain)	--	<input type="checkbox"/>
11	Attendance / Behaviour Summary to be attached (See Transitions Coordinator or Counsellor to obtain)	--	<input type="checkbox"/>

\_\_\_\_\_

*Applicant's Signature*                      *Parent/Guardian Signature*                      *TNT Coordinator's Signature*

**Keep a Copy**

You are strongly encouraged to keep a copy of your application as well as, all future forms, paperwork, and emails for your personal records

## Digital Arts and Technology Academy

### **Description:**

The Digital Arts and Design Academy is a project-based curriculum targeted at grade 11-12 students who are interested in software design. Over the course of the program, students develop skills in digital art, design, computer programming, mathematics and project management. Students will create approximately five video game projects in addition to several smaller animation and design activities, working both individually and in small groups.

Throughout the program, guest speakers from industry will talk with students about opportunities in local companies and post-secondary education. These conversations, combined with field trips that take us around the province, help students gain an appreciation for the scope of opportunities available to them, should they choose to pursue a career in the digital media industry.

**Who attends:** Grade 11 and 12 students

**Facilitator:** Jon McAusland, teacher at Sa-Hali Secondary

**Date:** Semester 1, September 2022 – January 2023

**Location:** Sa-Hali Secondary School

**Fee:** \$350.00 Due at time of application

**Application due date:** February 18, 2022

### **Special requirements:**

- Interest in video game playing and development



# Student Enrollment Form

Enrolling School Name: \_\_\_\_\_

## Student Information

Gender  Male  Female

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Usual Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_  None

Date of Birth: \_\_\_\_\_

Proof of Age Provided:  \_\_\_\_\_  
Day/ Month/ Year/ (Document Name)

Home Phone: \_\_\_\_\_

## Property Address

Street # and Name: \_\_\_\_\_

Apt.# \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Municipality: \_\_\_\_\_

Proof of Address Provided:  \_\_\_\_\_  
(Document Name)

## Mailing Address:

Same as Property Address:  Yes  No

If No, Mailing Address: \_\_\_\_\_

Student e-mail: \_\_\_\_\_

## Admission Information

Enrollment Date: \_\_\_\_\_ Grade: \_\_\_\_\_

## Previous School/Program

- First Time Entry
- Strong Start
- Transfer
- French Immersion
- Montessori
- Fine Arts
- District Program

## Previous School/District

Previous City/Province: \_\_\_\_\_

Previous District: \_\_\_\_\_

Previous School: \_\_\_\_\_

(School Phone Number): \_\_\_\_\_

## Immigration

Birthplace: \_\_\_\_\_  
(City) (Province) (Country)

Citizenship: \_\_\_\_\_

First Language Spoken: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Proof of BC Residency: \_\_\_\_\_  
(Document Name)

## Aboriginal Ancestry

Is your child of Aboriginal Ancestry?  Yes  No

If yes, then select:

- Status Off Reserve
- Status On Reserve
- Metis
- Inuit
- Non-Status

• Band of Residence: \_\_\_\_\_

• DIA #: \_\_\_\_\_

**Custody Information:** Is there a Court Order in effect? Yes , No

If there are any custody arrangements with this student, legal documentation must be filed with the school.

## Parent/Guardian

## Emergency Contact #1

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Living with Student?  Different address from student:

Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Available at Work

E-Mail Address: \_\_\_\_\_

## Parent/Guardian

## Emergency Contact #2

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Living with Student?  Different address from student:

Address (if different): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Available at Work

E-Mail Address: \_\_\_\_\_

## Siblings: (Include siblings who are attending a different school)

	1.	2.	3.	4.
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

**Emergency Contacts**

**Note:** Parents should contact all emergency contacts listed below to ensure that they know they are being listed as an emergency contact.

**Emergency Contact #3**

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Permission to pick up student:  Yes  No

**Emergency Contact #4**

Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Place: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Permission to pick up student:  Yes  No

**Medical Information**

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Care Card #: \_\_\_\_\_

Allergies: \_\_\_\_\_  Life Threatening?

Other Health Factors: \_\_\_\_\_  Life Threatening?

Is this child currently on any medication:  Yes,  No. If yes, describe: \_\_\_\_\_

**Alternate Address**

**NOTE: Alternate Addresses** are for anyone who will be picking the student up from school or dropping the student off at school. This may include daycare, babysitters or other care providers.

Pick Up:  Drop Off

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

**Alternate Address**

Pick Up  Drop Off

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

**Other Information**

- Past Assistance:
- Learning Assistance
  - Educational Assessment
  - District Counsellor
  - Adaptations
  - Modifications
  - Individual Educational Plan
  - Hearing
  - Speech /Language
  - Physical Accommodation

Additional Information: \_\_\_\_\_

**The information provided by you is collected for the use of the school and public health personnel and will not be used for any other purpose without prior approval.**

- I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council, Safe Arrival Program and Classroom Phoning Committee, etc. (as applicable).
- I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school year-book or newsletter or the school website, and on occasion, in the school district calendar, annual report or in the news media.
- I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

- District Internet Agreement completed
- Enrollment Interview completed

Principal/Designate: \_\_\_\_\_

Date: \_\_\_\_\_



**MEDICAL ALERT PLANNING FORM  
INFORMATION AND PLAN  
WHILE IN THE CARE OF THE SCHOOL**  
School District No. 73 (Kamloops/Thompson)



*Fill out page 1 for all conditions except **anaphylaxis**, fill out page 2 if child is anaphylactic.*

For School Year  MSP#

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Y / M / D)

Parent or Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PHOTO ID

**Potentially life threatening medical condition diagnosed as:** \_\_\_\_\_

1. New Condition:  Yes  No Date condition identified: \_\_\_\_\_

2. Describe the potential problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLAN WHILE IN THE CARE OF THE SCHOOL:**  
To be updated annually and when the child's condition changes. The plan is updated by the student/parent, in consultation with the family physician and reviewed with principal in consultation with the public health nurse as needed.

- Symptoms to watch for are: \_\_\_\_\_  
\_\_\_\_\_
- Preventative measures: \_\_\_\_\_  
\_\_\_\_\_

Medication needed:  Yes  No Name of medication: \_\_\_\_\_  
(If yes "Request for Administration of Medication at School" form Parts A, B, & C must be completed and provided to the school).

**\*Emergency Plan** school staff need to follow (step by step):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

**INFORMATION REVIEW by parent/guardian:**  
(Review minimum annually)

1. \_\_\_\_\_  
Sign & Date
2. \_\_\_\_\_  
Sign & Date
3. \_\_\_\_\_  
Sign & Date
4. \_\_\_\_\_  
Sign & Date

**TRAINING REVIEW:**  
(Review minimum annually)

1. \_\_\_\_\_  
Sign & Date
2. \_\_\_\_\_  
Sign & Date
3. \_\_\_\_\_  
Sign & Date
4. \_\_\_\_\_  
Sign & Date

School District No. 73 (Kamloops/Thompson)  
**ANAPHYLACTIC STUDENT EMERGENCY PROCEDURE PLAN**



MSP#: \_\_\_\_\_

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Y/M/D)

Sex:  Male  Female

Parent/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

**Physician please complete**

Physician's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Allergen: (Do not include antibiotics or other drugs)

Peanuts  Nuts  Dairy  Other food \_\_\_\_\_

Insects  Latex  Other \_\_\_\_\_

Symptoms:

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny itchy nose and watery eyes, sneezing), trouble swallowing
- Gastrointestinal (stomach): nausea, pain/cramps, vomiting, diarrhea, dizzy/light headed, shock
- Other: anxiety, feeling of "impending doom", headache, uterine cramps in females

Additional symptoms: \_\_\_\_\_

**Emergency Protocol**

- Administer single dose, single-use auto-injector
- Call 911
- Notify Parent-Guardian
- Administer second single-dose single-use auto-injector in 10 to 15 minutes, or sooner, if symptoms do not improve or if symptoms recur
- Have ambulance transport student to hospital

**Emergency Medication**

**NOTE: Emergency medication must be a single-dose single-use auto-injector for school setting. Oral antihistamines will not be administered by school personnel.**

Name of emergency medication: Epipen

Dosage: 0.3 mg

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date (Y/M/D)

**Anaphylactic Student Emergency Procedure Plan**

**Parent/Guardian please complete**

Discussed and reviewed Anaphylaxis Responsibility Checklist with principal?.....  Yes  No

Two single-dose single-use auto-injectors provided to schools? .....  Yes  No

Student aware of how to administer? .....  Yes  No

Auto-injector locations: \_\_\_\_\_

Your child's personal information is collected under the authority of the School Act and the Freedom of Information and Protection of Privacy Act. The Board of Education may use your child's personal information for the purposes of:

- Health, safety, treatment and protection
- Emergency care and response

If you have any questions about the collection of your child's personal information, please contact the school principal directly. By signing this form, you give your consent to the Board of Education to disclose your child's personal information to school staff and persons reasonably expected to have supervisory responsibility of school-age students and preschool age children participating in early learning programs (as outlined in the BC Anaphylactic and Child Safety Framework 2007) for the above purposes. This consent is valid and in effect until it is revoked in writing by you.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date (Y/M/D)



Kamloops-Thompson School District No. 73  
**Sa-Hali Secondary D.A.T.A.**  
**Student/Parent Statement Form**



**Student - Statement of Commitment**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Explain the skills and talents that you have that will help you to succeed in this program?

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2. With limited seats available, please describe why you are a good candidate for the Digital Arts and Technology Academy?

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**Parent - Statement of Readiness**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

*The applicant has indicated an interest in enrolling in the Sa-Hali Secondary D.A.T.A. program. Keeping in mind that they would be studying in an adult learning environment in which they are expected to be self-motivated, self-directed and not reliant on others to assist in the organization of their learning activities, we ask you to comment on the following:*

1. Why do you think your son or daughter should participate in the D.A.T.A. program?

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2. Please comment on your son or daughter's suitability for a program that requires consistent attendance, effort and ability to follow instructions?

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**D.A.T.A. Applicant Evaluation #1**  
(To be completed by a **Teacher**)

Applicant Name: \_\_\_\_\_  
Last (please print) First (please print)

School: \_\_\_\_\_

Scoring legend for each of the following categories: (3 = Excellent; 2 = Good; 1 = Satisfactory)	Student Score
1. Maturity	
2. Accuracy / ability to follow instructions	
3. Enthusiasm and interest	
4. Adaptable (adjusts to new situations)	
5. Follows through on assigned tasks	
6. Attendance	
7. Punctuality	
8. Shows motivation to learn new skills	
9. Ability to work independently	
10. Has positive attitude towards work	
11. Accepts constructive criticism	
12. Makes changes as a result of constructive criticism	
<b>Total Score: (36 maximum)</b>	

Evaluation completed by:

\_\_\_\_\_  
Teacher (Print Name)

\_\_\_\_\_  
Course Taught

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

\_\_\_\_\_  
(Date)

**D.A.T.A. Applicant Evaluation #2**  
 (To be completed by an **Employer or Community Member**)

Applicant Name: \_\_\_\_\_  
Last (please print) First (please print)

School: \_\_\_\_\_

Scoring legend for each of the following categories: (3 = Excellent; 2 = Good; 1 = Satisfactory)	Student Score
1. Maturity	
2. Accuracy / ability to follow instructions	
3. Enthusiasm and interest	
4. Adaptable (adjusts to new situations)	
5. Follows through on assigned tasks	
6. Attendance	
7. Punctuality	
8. Shows motivation to learn new skills	
9. Ability to work independently	
10. Has positive attitude towards work	
11. Accepts constructive criticism	
12. Makes changes as a result of constructive criticism	
<b>Total Score: (36 maximum)</b>	

Evaluation completed by:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Relationship to Candidate

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

\_\_\_\_\_  
(Date)



# Student Education / Transition Plan



Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Secondary School: \_\_\_\_\_ Student Grade: \_\_\_\_\_

### Grade 10 Courses:

Semester One	Semester Two

### Grade 11 Courses:

Semester One	Semester Two

### Grade 12 Courses:

Semester One	Semester Two

Student has a plan in place to meet Grad Requirements

Requirements
<input type="checkbox"/> 4 Credits Language Arts 10
<input type="checkbox"/> 4 Credits Math 10
<input type="checkbox"/> 4 Credits Social Studies 10
<input type="checkbox"/> 4 Credits Science 10
<input type="checkbox"/> 4 Credits Physical & Health Education 10
<input type="checkbox"/> 4 Credits Career Life Explorations
<input type="checkbox"/> 4 Credits Language Arts 11
<input type="checkbox"/> 4 Credits Social Studies 11 or 12
<input type="checkbox"/> 4 Credits Science 11 or 12
<input type="checkbox"/> 4 Credits Math 11 or 12
<input type="checkbox"/> 4 Credits Language Arts 12
<input type="checkbox"/> 16 Credits of Grade 12 electives
<input type="checkbox"/> 12 Credits of other electives (10,11 or 12)
<input type="checkbox"/> 4 Credit Career Life Connections
<input type="checkbox"/> 4 Credit ADST or Arts Elective (10,11 or 12)
<input type="checkbox"/> Minimum 80 Credits
<input type="checkbox"/> Capstone

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counsellor Signature

\_\_\_\_\_  
Date