

ST. JOAN OF ARC CATHOLIC SECONDARY SCHOOL
SPECIALIST HIGH SKILLS MAJOR
 STUDENT APPLICATION FORM

STUDENT INFORMATION

Student's Name	Student Number	Date of Birth (YY.MM.DD)
Address and Postal Code	Home Phone	Cell Phone
Email	Male Female	Grade 10 11 12 # Credits Attained to Date

WHAT IS REQUIRED

Every SHSM must include the following five components:

- a specific bundle of 8-10 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 8-10 credits must include:

- four major credits that provide sector-specific knowledge and skills
- two to four 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

HOSPITALITY AND TOURISM
INFORMATION AND COMMUNICATIONS TECHNOLOGY
ARTS AND CULTURE

WHICH POST-SECONDARY DESTINATION ARE YOU CONSIDERING

APPRENTICESHIP	Skilled Trade	
WORKPLACE	Career/Job	
COLLEGE	College Choice 1 Program	College Choice 2 Program
UNIVERSITY	University Choice 1 Program	University Choice 2 Program



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WHICH POST-SECONDARY DESTINATIONS ARE YOU CONSIDERING

APPRENTICESHIP	Skilled Trade	
WORKPLACE	Career/Job	
COLLEGE	First College Choice First College Program	Second College Choice Second College Program
UNIVERSITY	First University Choice First University Program	Second University Choice Second University Program

FOR COOP PURPOSES

Preference in a specific job with a specific employer	First Choice	Second Choice
Check your preferred Grade for your 2 Credit Coop Component	11	12

TEACHER REFERENCES

First Reference Comments	
First Reference Name	First Reference Signature
Second Reference Comments	
Second Reference Name	Second Reference Signature

APPROVAL

Student's Signature	Parent's/Guardian's Signature	SHSM Lead's Signature
Date (YY.MM.DD)	Date (YY.MM.DD)	Date (YY.MM.DD)

FOR OFFICE USE ONLY

IEP (if applicable)	Attached	IEP Teacher
CREDIT COUNSELLING SUMMARY	Attached	Guidance Counsellor
ATTENDANCE REPORT	Attached	Vice Principal

