



Greater
VICTORIA
School District

Careers & Transitions

556 Boleskine Road, Victoria, B.C. V8Z 1E8

Tel: (250) 475-4182 Fax: (250) 475-4115

Graphic Design Program

Revised: March 2017

Applications Due April 6th 2018



pacific design academy



Greater
VICTORIA
School District

**If you require further information, please talk with your school career coordinator
or call Lindsay Johnson, Careers & Transitions, at 250-475-4182**

Graphic Design Program

PROGRAM & APPLICATION INFORMATION:

PROGRAM INFORMATION:

WHO Grade 11 or 12 students (16 spots available)

WHAT SD61 and Pacific Design Academy (PDA) are working in partnership to deliver a program providing a blend of classroom-based instruction, software training, skill development, and work experience. During the first four weeks of the program, the program will provide students with the opportunity to develop knowledge and understanding within the graphic design industry, exploring conceptual thinking, typography, and design fundamentals. Students will also become familiar with Adobe Photoshop, Illustrator and InDesign.

The remaining four weeks of the program will involve students being placed with local graphic design and marketing companies to gain knowledge of the current industry and secure connections with local employers.

Students will get 8 high school credits:

- ❖ Graphic Design 12
- ❖ Work Experience 12A

WHEN Monday – Friday, 9:00am - 3:00pm

July 2nd – August 25th 2018:

July 2nd - August 3rd – Classroom-based Instruction

August 6th - 31st – Unpaid Work Experience Placements

WHERE Classroom instruction will be taught at Pacific Design Academy, with work experience placements located throughout the Victoria area

GETTING STARTED:

- ❖ Students and parents can talk with their school career coordinator or career teacher to get more information and obtain an application package
- ❖ Students are expected to:
 - Attend all classes and be punctual
 - Be respectful of all teachers and staff
 - Attend their entire work experience placement
- ❖ Withdrawal Process: If for any reason the student is unable to finish the program, the teacher and program supervisor must be notified immediately.

HOW TO APPLY:

- ❖ Obtain an application package from your school career coordinator
- ❖ Return the completed application package to your school career coordinator
- ❖ Students will be accepted based on application, interview, and date of application received
- ❖ Work experience placements will be provided contingent on the student's performance within the first half of the program
- ❖ Where applicants exceed availability, a waitlist may be established.

APPLICATION SUBMISSION CHECKLIST:

- Completed Application Package (p. 3 – 5)
- Current High School Transcript
- Current Attendance Record

Graphic Design Program

STUDENT INFORMATION			
LEGAL FIRST NAME	MIDDLE NAME		LEGAL LAST NAME
SCHOOL	GRADE	GENDER	PEN #
HOME ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE)			
HOME PHONE	CELL PHONE		BIRTHDATE (MM/DD/YY)
STUDENT EMAIL ADDRESS		PARENT EMAIL ADDRESS	

RELATED COURSE WORK TAKEN AT SCHOOL		
COURSE:	TEACHER:	FINAL GRADE:
EMPLOYMENT / WORK EXPERIENCE HISTORY		
COMPANY:	SUPERVISOR:	CONTACT INFORMATION:

APPLICANT'S SIGNATURE	
I certify that all statements on this application are true and complete.	
SIGNATURE:	DATE:
PARENT'S/GUARDIAN SIGNATURE(S)	
I grant my son/daughter permission to participate in this program.	
SIGNATURE:	DATE:
I grant permission to staff of Greater Victoria School District 61 to use photographs or video footage of my son/daughter for the purposes of program promotion.	
SIGNATURE:	DATE:
PRINCIPAL'S SIGNATURE:	
I certify that this student is a suitable candidate for this program.	
SIGNATURE:	DATE:

Please keep a copy of this application in your School Career Center Office.

Graphic Design Program

Teacher Letter of Recommendation

Secondary Student Name: _____

Secondary Teacher Name: _____

Teaching Subject(s): _____

I am a teacher at _____ Secondary School. I have taught or am currently teaching _____ (student).

This student is in my _____ class and is currently achieving _____ (grade). The student is projected to achieve a final grade of _____.

Skills Assessment:

Please rate the student on the following areas as follows:

Excellent – 1

Good – 2

Average – 3

Needs Improvement – 4

Attendance		Punctuality		Work Ethic	
Attitude		Writing Skills		Reading Skills	

Please comment on the student's readiness for this program:

Teacher Name

Teacher Signature

Date (MM/DD/YY)

Payment Method:
Amount \$:
Receipt #:
Date:

The Link Distributed Learning School: 2017-2018

Registration Completion	<u>OFFICE USE ONLY</u>
Verification:	
<input type="checkbox"/> Registration Form	<input type="checkbox"/> Non-Graduate
<input type="checkbox"/> Course Selection Form	<input type="checkbox"/> School Age Graduate = born on or after July 1, 1998
<input type="checkbox"/> Student Agreement	<input type="checkbox"/> Adult Graduate = born before July 1, 1998
<input type="checkbox"/> Identification	<input type="checkbox"/> International - ISP \$750.00
<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> International - Out of district or adult \$750.00
<input type="checkbox"/> First Assignment	Courses applying for:
<input type="checkbox"/> Fee if applicable	

FOR OFFICE USE ONLY
Pupil #:
MyEd Date:
Request Student File? Yes No

NEW STUDENTS Application Form for Grades 10-12 and Adult Learners

Student Information

LEGAL LAST NAME	LEGAL FIRST AND MIDDLE NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
USUAL LAST NAME	USUAL FIRST NAME	ARE YOU ATTENDING A SCHOOL OTHER THAN THE LINK? <input type="checkbox"/> Yes, (name): _____ <input type="checkbox"/> No, last school attended: _____ When?
PREVIOUS LAST NAME (if applicable)	BIRTHDATE DAY/MONTH/YEAR	HAVE YOU GRADUATED HIGH SCHOOL? <input type="checkbox"/> Yes, Year: _____ <input type="checkbox"/> No Graduated from: (name school, city and province): _____
STUDENT #:	PLACE OF BIRTH (City, Province, Country)	Has student received learning assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student have a current Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please provide a copy of the IEP
STUDENT EMAIL ADDRESS	STUDENT PHONE NUMBER	
HOME ADDRESS		

Parent/Guardian Information

LAST NAME:	FIRST NAME:
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify:	
HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)	
PHONE NUMBER:	
PLACE OF EMPLOYMENT:	
BUSINESS PHONE:	
EMAIL ADDRESS:	

LAST NAME:	FIRST NAME:
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER, specify:	
HOME ADDRESS <input type="checkbox"/> LIVING WITH STUDENT (Same as above)	
PHONE NUMBER:	
PLACE OF EMPLOYMENT:	
BUSINESS PHONE:	
EMAIL ADDRESS:	

Grade 10-12 students wishing to register at the Link as their only school, please check any/all that have impacted or are impacting the student's learning:

- Anxiety
 Social Relationships
 Family Relationships
 Other

Emergency Contact

(Custodial parents will always be contacted first)

LAST NAME:	FIRST NAME:
RELATIONSHIP TO STUDENT:	
HOME ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
Can this person pick up the student?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Medical Information

STUDENT CARE CARD NUMBER:	
FAMILY DOCTOR:	PHONE:
LIFE THREATENING HEALTH CONDITION If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school.	
<ul style="list-style-type: none"> <input type="radio"/> Anaphylactic or severe allergies to food or insect stings <input type="radio"/> Asthma that has resulted in hospitalization in the past year <input type="radio"/> Blood clotting disorder (e.g. hemophilia) <input type="radio"/> Diabetes <input type="radio"/> Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years <input type="radio"/> Serious heart condition (e.g. heart murmur, heart repair) <input type="radio"/> Other – please specify: _____ 	

Identification

(Please attach these documents with the registration form)

Canadian birth certificate#, passport# or permanent residency card#:	BC driver's license # or utility bill account #:
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Proof of Residency

RESOURCES

If resources are issued, there is a mandatory deposit for textbooks and novels. The resources must be returned within two weeks of course completion, or upon withdrawal. Resource deposits are fully refundable upon return of resource(s).

FEES

Adult Graduated Student Fee:

No fee

International Student Fee: In District students (ISP): Course Request Form Approved

No fee

In District students (ISP): Request Form Not Approved

\$750.00 per course

Out of District or Adult students (Non ISP)

\$750.00 per course

I certify that the information I have provided on this form is correct:

Signature of parent or guardian

Date

Student signature if student is 19 years old or older