



ACE IT Application Form

*Accelerated Credit Enrolment in Industry Training

*ACE IT is a government funded program for high school students providing both high-school credits and head start to completion of an apprenticeship program.

Broadway Campus
1155 E Broadway, Vancouver, BC, V5T 4V5
Downtown Campus
250 West Pender St, Vancouver BC, V6B 1S9
Email: aceit@vcc.ca
Tel: 604 871 7000
Fax: 604 871 7000

1. PERSONAL INFORMATION

| | | | |
|-------------------------|----------------------|-----------------|-------------|
| Last Name (Family Name) | | Apt. No/Address | |
| First Name | Preferred First Name | Town/City | |
| Middle Name(s) | | Province | Postal Code |
| Previous Last Name | | Country | Home phone |
| Email Address | | Work phone | Cell phone |

VCC is dedicated to Aboriginal student success. An Aboriginal person is identified as "an Indian, Métis or Inuit person of Canada" [Constitution Act of 1982, Part II, Section 35(2)]

I wish to be identified as an Aboriginal Person.

If you have chosen to identify as an Aboriginal person, for statistical purposes we invite you to select one or more of the three options that best describes your Aboriginal identity: Indian/First Nations (include status, non-status, treaty and non-treaty) Métis Inuit

Please contact me regarding Aboriginal student support and services.

All official VCC correspondence will be mailed to the above address. We cannot be held responsible for misdirected mail. Change of name/address/telephone number must be made in writing to the Registrar's Office. Legal proof of name change required for all documents submitted.

2. ID NUMBER

Have you ever been a VCC student? Yes No Date of Birth: Month _____ Day _____ Year _____

Do you have a student number? Yes No Sex: Female Male

Student No.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Social Insurance No.

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(optional)

Citizenship Canadian Citizen Landed Immigrant Other (attach copies of immigration records)

3. WHO SHOULD VCC CONTACT IN CASE OF AN EMERGENCY?

| | |
|-------------------------|---------------------|
| Name | Relationship to you |
| Contact Phone Number(s) | |

4. APPLYING FOR

Professional Cook Automotive Collision Repair Automotive Refinishing Prep Tech

Baking Foundation ACE-IT Hair Design Heavy Mechanical Trades Foundation

5. SECONDARY SCHOOL HISTORY

BC Examination or PEN number (Personal Education Number) _____

| Name of last High School attended | City | Province | Last date attended | | Highest Grade Completed |
|-----------------------------------|------|----------|--------------------|------|---|
| | | | Month | Year | |
| | | | | | 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> |

6. LEARNING SUPPORT (VOLUNTARY DISCLOSURE)

Do you have an Individual Education Plan (IEP), a learning condition or other disability for which you may require additional support services? Yes No

If yes, please contact Disability Services at disabilityservices@vcc.ca or call 604.871.7000, option 2

7. DECLARATION (MANDATORY)

- 1. I understand that the submission of this application does not guarantee admission to a program or course, and that admission is subject to meeting VCC's requirements and space availability.
- 2. I agree to abide by the rules and regulations of VCC as published on the VCC website, and those of the department and program in which I shall be registered and any changes which may be made while I am a student at VCC.
- 3. I certify that the information I have provided in this application is complete and accurate and may be verified by VCC. I understand that falsifying any document information submitted will result in immediate cancellation of my admission or registration at VCC.
- 4. I have read and understand the VCC Protection of Privacy disclaimer on the back of this form.
- 5. I understand that VCC will be sending communications in electronic format to my email

Signature _____ Date _____

8. CONSENT TO RELEASE PERSONAL INFORMATION TO YOUR SCHOOL DISTRICT (MANDATORY)

I agree, by signing this form, to allow my school district to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC.

School District _____ Signature _____

9. CONSENT TO RELEASE PERSONAL INFORMATION (OPTIONAL)

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC.

Name/Organization _____

Relationship to you _____ Signature _____

10. TO BE COMPLETED BY SCHOOL DISTRICT

I agree, by signing this form, to allow another person, family member, employer or agency to have access to my VCC admissions, registration and and/or academic history starting from today until the completion of my studies at VCC.

Student type X Y