



Youth Train in Trades Application for Admission

APPLICATION APPROVED BY

School District: (to be filled in by School District rep only)

DESIRED PARTNERSHIP PROGRAM

Select one:

YTT Masonry	YTT Metal Fabrication	YTT Plumbing/Piping
YTT Carpentry	YTT Millright	YTT Welding
YTT Electrical		

Start Term:

Start Year:

PERSONAL INFORMATION

Surname (Legal Last/Family name)		Former Surname (if applicable)
Legal Given First Name	Legal Given Middle Name	Preferred First Name
Gender Identity: <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary Gender <input type="checkbox"/> Prefer not to answer		Date of Birth: DD-MMM-YYYY

CONTACT INFORMATION

Mailing Street Address		City/Municipality
Province	Postal Code	Country
Email address		Primary Phone Number

EMERGENCY CONTACT

Surname (Legal Last/Family Name)	Legal Given First Name	Phone Number
----------------------------------	------------------------	--------------

CITIZENSHIP STATUS

Country of Citizenship: _____
If not a Canadian citizen, please indicate your status in Canada

Permanent Resident (landed immigrant)
 Convention Refugee
 Diplomat or Dependent
 Student Authorization/ Student Visa
 Non-Canadian, Status Unknown (refugee claimants)
 Visitor Visa
 Temporary Resident (incl work permit)
 Other _____

ABORIGINAL IDENTITY

KPU is dedicated to Aboriginal student success. An Aboriginal person is identified as "a First Nations, 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 be identified 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:

First Nations (include Status, non-status, Treaty and non-Treaty)
 Métis
 Inuit

SECONDARY SCHOOL INFORMATION

When will you graduate from secondary/high school? MMM-YYYY	PEN (Personal Education Number)
School Name	School Location/City

Accessibility Information

I am requesting information on student services related to accessibility (www.kpu.ca/access) including for applicants with a permanent, persistent, or prolonged disability (this includes any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment, or a functional limitation). Applicants who indicate "Yes" will be contacted by Accessibility Services who will offer more information about services ensuring access to our academic and campus environments:

Yes No

DECLARATION AND PRIVACY

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate permanent dismissal from Kwantlen Polytechnic University.

If I am accepted into KPU's Dual Credit Program, I agree to familiarize myself with and comply with all relevant policies of the University during my tenure as a student at KPU and I understand that I may be subject to consequences should breaches occur

KPU collects Personal Information about me under the authority of the University Act and s.26(c) of the Freedom of Information and Protection of Privacy Act of BC ("FIPPA") for the purposes of determining my eligibility for and managing my participation in KPU's Dual Credit Program and meeting federal and provincial government reporting requirements. I authorize KPU to collect Personal Information about me from my School District and/or my parent/guardian for purposes related to and necessary for the Dual Credit Program.

With my signature below, I consent to the disclosure of my Personal Information by KPU in accordance with FIPPA to the School District for purposes related to and necessary for the Dual Credit Program and to other post-secondary institutions if I have been found to have falsified documents or other information on my application for admission to KPU. I understand that if I wish to consent to the disclosure of my Personal Information to any other third parties or to authorize third parties to act on my behalf (such as my parent or guardian) I will complete, sign, and submit KPU's Third Party Waiver/Release of Information Form to KPU. If I have any questions about how KPU collects or manages my Personal Information, I may contact registrar@kpu.ca.

Signature: _____ Date: _____

FOR OFFICE USE ONLY (Do not write in shaded areas)

Date	Entered By:	Initials
------	-------------	----------

Comments

Student ID