

Student Name: _____



Take a Hike Program Application



In partnership with



TAKE A HIKE
FOUNDATION

APPLICATION SUBMISSION CHECKLIST (please complete all forms in ink)

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3	<i>Program Overview</i>	
4	<i>Take A Hike Program Application</i>	<input type="checkbox"/>
5	<i>Student Profile</i>	<input type="checkbox"/>
6	<i>School District 63 Application Form</i> <i>Attach a copy of your most recent secondary school marks (transcript & report card)</i>	<input type="checkbox"/> <input type="checkbox"/>

SUBMIT completed application package to:

Take A Hike
ILC Administration
1649 Mt Newton X Rd
Saanichton BC V8M 1L1

Email: rellis@saanichschools.ca

Ph: 250-652-4042

INTERVIEW:

If you are requested for an interview you should prepare by:

- ➡ Arriving 15 minutes early
- ➡ Bring 2 pieces of ID (birth certificate or passport, care card, driver's license - we are required to photocopy originals)



TAKE A HIKE
FOUNDATION

Program Overview

Take a Hike's mission is to empower vulnerable youth with skills and the resilience they need to graduate high school, build healthy relationships, navigate the challenges of young adulthood, and achieve success. It is a full-time mental health and well-being program embedded in an adventure based alternative learning classroom. Take a Hike uses the outdoors and adventure to engage students in experiential learning, consistent counselling and supportive community, empowering youth (age 15-18) to unlock their full potential. Students will attend their dedicated classroom at the ILC in Saanichton for the entire school day, Monday to Thursday, where their teacher will implement specialized learning plans catered to each student's educational needs. Outdoor components will see youth spend one full day per week engaging in activities like hiking, rock climbing, snowshoeing, canoeing, and kayaking; they will also participate in up to 3 multi-day wilderness trips in fall, winter, and spring.

CREDITS

- **English**
- **Math**
- **Outdoor Education**
- **Active Living**
- **Career Life Education**

CERTIFICATIONS (Potential)

- **First Aid**
- **Pleasure Craft Operator Card**
- **Kayak Basic**
- **WHMIS**
- **Alive After Five**

TAKE A HIKE PROGRAM APPLICATION

PART A

1. Complete an informal information session regarding Take a Hike program.
2. Complete application package.
3. Demonstrate an interest and willingness to explore participation in an outdoor program.
4. TRANSPORTATION: Students will need to travel to and from the Saanichton Learning Centre, 1649 Mount Newton Cross Road.
5. Priority will be given to Saanich School District students.
6. Must attend a **mandatory orientation meeting** with parents/guardians prior to program start.

PART B

- **Take a Hike** team will review the application package and set up an interview.

PART C

- Conditional acceptance letters with a tentative intended start date will be emailed to the students who are invited to participate in the **Take a Hike** program.

Please note:

Clothing – Students will be asked to dress appropriately for outdoor activity.

Students in this program will receive specialty clothing provided by the Take a Hike Foundation for their use.

PARENT'S/GUARDIAN'S SIGNATURE

"I hereby state that I grant permission for my son/daughter to participate in the TAH Program."

Signature _____ Date _____

APPLICANT'S SIGNATURE

"I certify that all statements on this application are true and complete."

Signature _____ Date _____



TAKE A HIKE STUDENT PROFILE

Name: _____

Date: _____

1. Who supports you best at this time? Who is your cheerleader? _____

2. How do you rate your previous school experience? _____

1 - 2 - 3 - 4 - 5
Very Poor Excellent

3. What courses are you currently taking (list course and grade level)?

_____	_____
_____	_____
_____	_____

4. Why are you interested in the Take a Hike Program? Why might it be a good fit for you?
(Explain in a few sentences using the space below)

SCHOOL DISTRICT No. 63 (SAANICH) STUDENT REGISTRATION FORM

School _____



French Immersion

PLEASE PRINT CLEARLY

Requested Enrollment Date _____

Please note the following enrolling priorities for Saanich School District 63

- | | |
|---------------------------------------|------------------------------|
| 1 - re-enrolling students* | 4 - non-catchment children |
| 2 - siblings of re-enrolling students | 5 - out of district children |
| 3 - catchment area children | |

*A child who, in the previous year, attended the school

LEGAL First Name	LEGAL Family Name	LEGAL Middle Name	No Legal Middle Name <input type="checkbox"/>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
USUAL Family Name(s) (if different)	PREFERRED First Name (if different)	Age	Date of Birth: ____ / ____ / ____ dd mm yyyy	
Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____			Entering Grade: _____	
HOME ADDRESS				
Street No.	Street Name	Apt. No.	City	Postal Code
Name of sibling(s) at this school _____				
BIRTHPLACE Country of Birth: _____ Prov. of Birth: _____		For Office Use Only - CITIZENSHIP <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding Not Eligible <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible <i>*For International applicants please complete the Provincial Funding Eligibility Checklist</i>		
Previous School & District / StrongStart / Preschool	Previous Grade:	Previous School Prov	Previous School Country	Phone ()
Email:				

<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN		<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN	
Last Name	First Name	Last Name	First Name
Address (if not living with student)		Address (if not living with student)	
Work Phone ()	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()
Home Phone ()	Cell Phone ()		Home Phone ()
Email Address		Email Address	

GUARDIAN <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> COURT ORDER (copy in student file) specify _____	LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (specify) by court order: _____
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EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order. Please indicate which of your emergency contacts is authorized to collect your child from school in the tick box.					<input checked="" type="checkbox"/>
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	

PLEASE COMPLETE IF INDIGENOUS ANCESTRY → **BAND OF RESIDENCE**

Metis FN Status – on reserve
 Inuit Status – off reserve 0652 - Pauquachin 0653 - Tsartlip
 Non Status 0654 - Tsavout 0655 - Tseycum
 Other - No. _____ Name _____ DIA # _____

Prefer not to answer

If Indigenous Ancestry would you like to :

Yes, I give permission for my child to access programs and services from the Indigenous Education Program for the current school year.
 No, I would like to decline services from the Indigenous Education Program for the current school year.

Previous Special Ed Designation: category: _____

Other Learning Considerations:

Family Doctor's Name	Doctor's Phone ()	STUDENT'S CARE CARD NO
HEALTH FACTORS Check if applicable <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Additional Information: _____		Are any of these conditions LIFE THREATENING? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____
Other Health Conditions which may require emergency care – please specify. _____ _____		

Please sign to certify that the above information is correct:

_____ Date _____ Signature of Parent or Legal Guardian

DOCUMENTATION CHECKLIST *For International applicants, please complete the Provincial Funding Eligibility Checklist

Canadian Citizen / Landed Immigrant / Permanent Residents must provide the following documentation at the time of registration:

<p>1. <u>Student Identification</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate OR <input type="checkbox"/> Valid Passport OR <input type="checkbox"/> Status Card <p>If not Canadian we also require for <u>both parent and student</u>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Permanent Resident Card OR <input type="checkbox"/> Certificate of Canadian Citizenship 	<p>3. <u>Parent Identification</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Valid Passport OR <input type="checkbox"/> BC Driver's License and/or BC Services Card <p>4. <input type="checkbox"/> <u>Student BC Services Card</u></p> <p>5. <input type="checkbox"/> <u>Guardianship or Custody Documents</u></p>
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2. Proof of Residence: *At least 2 of the documents must show current address

Home Owners	Renters
Please provide two of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Home purchase agreement <input type="checkbox"/> Property Tax Statement <input type="checkbox"/> Home insurance policy <input type="checkbox"/> Property assessment <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable) 	<input type="checkbox"/> Rental Agreement signed by the landlord with landlord's contact information
And one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> BC Driver's License and/or BC Services Card 	And two of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable) <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> Renter's insurance policy <input type="checkbox"/> BC Driver's License and/or BC Services Card

FOR OFFICE USE

- In Catchment
- Out of Catchment
- Out of District

- Address verified for catchment school
- Birthdate corresponds with correct grade
- Copy to Learning Services if support required

NOTES:
