

STUDENT NAME: \_\_\_\_\_



Saanich School District

# Hairstylist Program

Application Package



VANCOUVER ISLAND  
UNIVERSITY

**In Partnership with**



**APPLICATION SUBMISSION CHECKLIST** (please complete all forms in ink)

Page		Check when complete
3	Vancouver Island University/Saanich District Dual Credit Hairstylist Program Process	
4	VIU Personal Profile (Your personal profile questions will form the basis of your program interview. Upon successful admittance to the program your student profile will be sent to VIU)	
6	Reference Checklist	
7	3- Year Education/ Transition Plan	
8	SD 63 Registration Form	
	Attach a copy of your most recent secondary school marks (Transcript & Report Card)	
	Attach a copy of your most updated Resume	

SUBMIT when application package is complete to:

Nicole Thibadeau – Career Teacher  
SD63 Hairstylist Program  
1649 Mt. Newton X Rd  
Saanichton, BC V8M 1L1

Ph: 250-652-4042 Email: nthibadeau@saanichschools.ca

**INTERVIEW:**

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

- Arriving 15 minutes early
- Dressing professionally
- Bringing your Social Insurance Card and 2 pieces of ID (birth certificate or passport, driver’s license, care card/BC service card - we are required to photocopy originals)
- **Upon a successful interview all subsequent paperwork must be completed, signed and submitted by Nov. 26, 2022**

**Note:** If you don't have a Social Insurance Number (card) yet, apply for one as soon as possible.

## **SAANICH DUAL CREDIT HAIRSTYLIST PROGRAM APPLICATION**

### **Program Requirements**

Applicants **must** meet the following requirements in order to be admitted to the Dual Credit Hairstylist Program.

Students must:

1. Complete application package
2. Have their parent's/guardian's written permission
3. Demonstrate an interest and a level of maturity suitable for a college level course and a work environment
4. Be able to make provisions for their **own transportation** to and from Studio 63, housed at the Saanichton Individual Learning Centre, 1649 Mount Newton X Rd., and to and from their work experience placement at various salons in Greater Victoria
5. Students are **required to pay** for their tool kit (uniform, scissors, hot tools, brushes etc...) and workbook (total cost approx. \$985.00) at the onset of the program. Tool kits are the student's property and will travel with them throughout their Hairstylist career.
6. The program uses Pivot Point textbooks. Students can borrow library textbooks with a \$100 deposit (which will be returned once the library textbooks are given back in good condition at the end of the program). Alternatively, students can purchase a full set of textbooks if they choose.
7. **Black is the required dress code** for this program.
8. Priority will be given to Saanich School District students.
9. Students must attend a **mandatory** orientation meeting with their parents/guardians in December.

### **Four step process for admission to Hairstylist Program**

1. Submit completed application package
2. Program Teacher will review package and possibly set up an interview.
3. Student will be invited to attend Saanich Hairstylist Program and complete interview and further forms.
4. Upon successful admittance to the program, students will be required to create an Ed Planner account to apply to VIU.  
There is a register fee of approx. \$45 associated with this step that students are required to pay.

#### ***PARENT'S/GUARDIAN'S SIGNATURE***

***"I hereby state that I grant permission for my child to participate in the Dual Credit Hairstylist Program."***

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

#### ***APPLICANT'S SIGNATURE***

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

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Handedness** (circle one) Right      Left

**Uniform Size** (circle one) XS    S    M    L    XL    XXL

Name: \_\_\_\_\_

Direction:

**Vancouver Island University requires these questions to be answered in written form as part of the registration process.**

Why are you interested in this program?

How does it fit with your career goals?

This is a demanding program with a heavy workload and a lot of homework. How will you adjust your schedule to allow yourself the time required to be successful in your studies?

Discuss your learning strengths and any possible barriers that may impact your ability to participate fully in the program:

If you have been employed in this or a related field please give a brief description of this experience:

If you have any previous training in this field give a brief description of the work you did and what you learned:

If you have any informal training, such as working with family or friends, in this field give a brief description of the related projects you were involved in and what you learned from them:

Please comment on anything else you feel would demonstrate your interest and suitability for the program:

Please discuss your learning style and make any other comments that may be of benefit to the instructors in this program:

**REFERENCE CHECK LIST**

**Student Name:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Administrator/Teacher Name / Community Reference:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Student Qualities**

(Please rank student on a scale of 1-5, with 5 being the highest score)

	1	2	3	4	5
Achievement					
Effort					
Attendance					
Work Habits					
Social Responsibility					
Leadership					

General Comments:

If you prefer confidentiality, the checklist may be mailed or emailed to the attention of:

Nicole Thibadeau - Career Teacher  
School District 63 Hairstylist Program  
1649 Mt Newton X Rd  
Saanichton, V8M 1L1



Phone: 250 652-4042  
Email: nthibadeau@saanichschools.ca



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

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

<b>LEGAL First Name</b>		<b>LEGAL Family Name</b>		<b>LEGAL Middle Name</b>	No Legal Middle Name <input type="checkbox"/>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)		<b>Age</b>	<b>Date of Birth:</b> ____ / ____ / ____ dd mm yyyy		
Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____					<b>Entering Grade:</b> _____		
<b>HOME ADDRESS</b>							
Street No. _____		Street Name _____		Apt. No. _____	City _____		Postal Code _____
<b>Name of sibling(s) at this school</b> _____							
<b>BIRTHPLACE</b> Country of Birth: _____ Prov. of Birth: _____		<b>For Office Use Only - CITIZENSHIP</b> <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>					
<b>Previous School &amp; District / StrongStart / Preschool</b>			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 _____	
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 ( ) _____	Ext / Local _____	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address _____		Email Address _____	

<b>GUARDIAN</b> <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 _____	<b>LIVES WITH</b> <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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<b>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.</b>					<input checked="" type="checkbox"/>
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( ) _____	<b>Cell Phone</b> ( ) _____	
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( ) _____	<b>Cell Phone</b> ( ) _____	
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( ) _____	<b>Cell Phone</b> ( ) _____	
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( ) _____	<b>Cell Phone</b> ( ) _____	



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

Metis       FN       Status – on reserve       0652 - Pauquachin       0653 - Tsartlip  
 Inuit       Status – off reserve       0654 - Tsawout       0655 - Tseycum  
 Non Status       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
<b>HEALTH FACTORS</b> 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 <b>LIFE THREATENING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____
<b>Other Health Conditions</b> 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:

<b>1. Student Identification</b> <input type="checkbox"/> Birth Certificate OR <input type="checkbox"/> Valid Passport OR <input type="checkbox"/> Status Card <b>If not Canadian we also require for both parent and student:</b> <input type="checkbox"/> Permanent Resident Card OR <input type="checkbox"/> Certificate of Canadian Citizenship	<b>3. Parent Identification</b> <input type="checkbox"/> Valid Passport OR <input type="checkbox"/> BC Driver's License and/or BC Services Card  <b>4. Student BC Services Card</b>  <b>5. Guardianship or Custody Documents</b>
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**2. Proof of Residence: \*At least 2 of the documents must show current address**

<b>Home Owners</b> Please provide <b>two</b> of the following: <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)	<b>Renters</b> <input type="checkbox"/> Rental Agreement signed by the landlord with landlord's contact information	<b>FOR OFFICE USE</b> <input type="checkbox"/> In Catchment <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District  <input type="checkbox"/> Address verified for catchment school <input type="checkbox"/> Birthdate corresponds with correct grade <input type="checkbox"/> Copy to Learning Services if support required  <b>NOTES:</b> _____ _____ _____ _____
<b>And one of the following:</b> <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	<b>And two of the following::</b> <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	

Revised January 2019