



Greater
VICTORIA
School District

Careers & Transitions

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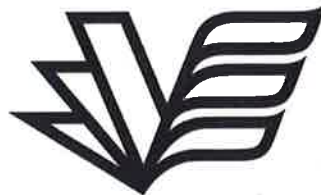
Graphic Design Program

Revised: April 2019

Applications Due April 26th 2019



pacific design academy



Greater
VICTORIA
School District

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

Graphic Design Program

PROGRAM & APPLICATION INFORMATION:

PROGRAM INFORMATION:

WHO Grade 10, 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 Creative Cloud, 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:

- ❖ Media Design 12
- ❖ Work Experience 12A

WHEN Monday – Friday, 9:00am - 3:00pm

July 2nd – July 30th 2019:

July 2nd – July 30th: Classroom-based Instruction

July 31st – August 30th: 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
STUDENT SUBMISSION:

Please write a paragraph outlining why you wish to participate in this program, and what you are hoping to achieve upon completion.

Within the graphic design industry, your portfolio and the work you've been a part of are essential to your success within the industry. Are there any pieces of work that you've created that you're proud of? (Feel free to attach a copy of them)

If you haven't had the opportunity to create your own piece, have you come across any marketing material, branding, logos, etc. that have really caught your eye? (Feel free to attach a copy of them)

Whether it is your own piece of work, or someone else's, what made it eye-catching and impactful for you?

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)



The Link Distributed Learning School CE Continuing Education **2019-2020**

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	HAVE YOU GRADUATED HIGHSCHOOL? <input type="checkbox"/> Yes, Year: _____
PREVIOUS LAST NAME (if applicable)	BIRTHDATE DAY/MONTH/YEAR	Graduated from: (name school, city and province): _____
STUDENT #:	PLACE OF BIRTH (City, Province, Country)	<input type="checkbox"/> No
STUDENT EMAIL ADDRESS	STUDENT PHONE NUMBER	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
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:	

(Please attach a copy of these documents with this registration form**)**

Identification

***Canadian birth certificate, passport or permanent residency card**

Proof of Residency

***BC driver's license or utility bill account**



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:
<p>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.</p> <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: _____

Course Enrolment: Grades 10-12 and Adult Learners

Student Name: _____

Grade 11 (Extra credit course(s)/programs for transition pathway)		Grade 12 + (Extra credit course(s)/programs for transition pathway)	
COURSE(S)	COURSE CODE	COURSE(S)	COURSE CODE

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

Student Signature: _____

Date: _____

Signature of Parent or Guardian _____

Date: _____