APPLICATION FORM

**All applicants must arrange for and complete an interview. Students must be part of SD71 to participate in Explore. Please print clearly! Application is due before spring break.

NAME:S	TUDENT NUMBER:
PHONE NUMBER:	ADDRESS:
SCHOOL CURRENTLY ATTENDING: _	DATE OF BIRTH:
PARENTS/GUARDIANS:	
MEDICAL CONCERNS:	
TSHIRT SIZE: E-MAII	L:
ACADEMIC HISTORY : include your gra	nde 9 and grade 10 semester one grades
GR.9- COURSE MARK EFFORT	GR.10- COURSE MARK EFFORT
EXTRA-CURRICULAR/VOLUNTEER IN	NVOLVEMENT:
Parental Approval:	
	parents will be expected to be involved in and help e fee is \$800.00 and will be payable through MyEd BC
I,, grant permission EXPLORE PROGRAM.	on for my son/daughter to apply for entrance into the
SIGNED	
Please Print Name	Signature

PERSONAL STATEMENT:

1. EXPLAIN WHY YOU WOULD LIKE TO BE INVOLVED IN THE EXPLORE PROGRAM.
2. WHAT SKILLS, ABILITIES AND ATTRIBUTES DO YOU POSSESS THAT MAKE YOU A GOOD CANDIDATE FOR EXPLORE.
REFERENCES: (REFEREES PLEASE WRITE DIRECTLY ONTO THIS FORM.) TEACHER:
COMMUNITY MEMBER: