



Lambton Kent District School Board

Specialist High Skills Major (SHSM) Student Application Form

Student Information

Student's Name:		Date of Birth (YY/MM/DD)	
Address and Postal Code:	Home Phone Number:	Cell Phone Number:	
Email Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade (circle) 10 11 12	# of Credits Attained to Date
Current School:	Principal:		

What is required?

Every SHSM must include the following five components:

- A specific bundle of 8-10 credits of Grade 11 and 12 credits including Contextualized Learning Activities (CLAs)
- Sector-recognized certifications and/or training courses
- Experiential learning activities within the sector
- Reach ahead: experiences connected with the student's chosen post secondary pathway
- Development of key essential skills and work habits required in the sector, and the use of the Ontario Skills Passport (OSP) for purposes of documentation

What is meant by Bundled Credits?
 The bundle of 8-10 credits must include :

- Four major credits that provide sector-specific knowledge and skills
- Two to four other required credits from the Ontario curriculum, in which some expectations are met through learning activities contextualized to the sector (CLA)
- Two credits in cooperative education related to the major credits

Program Choice

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Arts and Culture	<input type="checkbox"/> Construction
<input type="checkbox"/> Energy	<input type="checkbox"/> Environment	<input type="checkbox"/> Health and Wellness
<input type="checkbox"/> Horticulture and Landscaping	<input type="checkbox"/> Hospitality and Tourism	<input type="checkbox"/> Information and Communication Technology
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation	

**** Not all programs are offered at all secondary schools. Please consult with your school's Guidance Office for more information.**

Which Post-Secondary Destination(s) are you currently considering ?		
<input type="checkbox"/> Apprenticeship	Skilled Trade:	
<input type="checkbox"/> Work	Career/Job:	
<input type="checkbox"/> College	College Name: (Choice #1):	College Name (Choice #2)
	Program:	Program:
<input type="checkbox"/> University	University Name (Choice #1):	University Name (Choice #2):
	Program:	Program:

For Co-op Placement Purposes		
Preference for a specific job/career or with a specific employer?	Choice # 1:	Choice # 2:
Check your preferred grade for your Co-op program Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/>		
Check your preferred schedule for your Co-op program Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/>		

Teacher References	
1. Teacher Name:	Teacher Signature:
2. Teacher Name:	Teacher Signature:

Approval		
I hereby agree to the participation of the above-named student in an SHSM Program of the Lambton Kent District School Board.		
Student's Signature:	Parent/Guardian's Signature:	Principal's Signature
Date: (YYYY/MM/DD)	Date: (YYYY/MM/DD)	Date: (YYYY/MM/DD)

FOR OFFICE USE ONLY	
I.E.P. (If Applicable)	<input type="checkbox"/>
Credit Counseling Summary	<input type="checkbox"/>
Attendance Report	<input type="checkbox"/>

The information in this application will be used for purposes consistent with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.