



O.Y.A.P. Application Form

Applicants for O.Y.A.P. must be completing Grade 10 (16 credits), be at least 16 years of age by next September, and be prepared to remain in the program for two or three years.

TO BE COMPLETED BY THE STUDENT AND PARENT/GUARDIAN

_____ available at _____
Program Request School Name

Student Name _____

Address _____

City _____ Postal Code _____ Phone _____

S.I.N. _____ Date of Birth Health Number _____
Day Month Year

Reason for Applying (Long Range Goals):

I hereby apply for the transfer of my son/daughter named above to the school indicated.

Signature of Parent/Guardian Date

Complete recommendation with three references on the reverse side!

TO BE COMPLETED BY THE SENDING SCHOOL

School Name _____

Exceptional Student Special Indicate Code (I, W, P or S)

Comments:

Signature of Principal Signature of Technical Department Head

The following must be attached: OST/Transcript Verification Sheet, Current Report Card, Attendance Record

Applying for O.Y.A.P. does not mean acceptance into the program!

TO BE COMPLETED BY THE RECEIVING SCHOOL

Accepted: Yes No

Comments:

Signature of Principal Signature of Technical Department Head

Student must have transportation to work placement!