



ITA Customer Service
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 Richmond, BC V6Y 3T6
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Youth Explore Program Stream Registration Form

Please complete and return this form to your district career coordinator. All mandatory fields must be completed.

*Mandatory Fields

A. Student Information

*Legal First Name:	Legal Middle Name (s):	*Legal Last Name:
*Date of Birth (MM/DD/YYYY):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal Education Number (PEN):
*Suite Number:	*Mailing Address:	
*City:	*Province:	*Postal Code:
*Phone Number:	Secondary Phone Number:	*Email Address:
*Do you identify yourself as an aboriginal person? <input type="checkbox"/> Yes <input type="checkbox"/> No First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/>		

B. Parent/Guardian's Information

I, _____
(print surname followed by given names of parent/guardian)

of _____
(street address) (city, town) (postal code)

Declare that:

- I am the custodial parent legal guardian of the minor named above; and,
- I authorize the school to release the information outlined in Sections A & B to Industry Training Authority for the purpose of registering the student with the ITA in a Youth Trade program; and to use the registration information for statistical data.
- I understand that I can only withdraw this consent by written request addressed to the school.

Parent/Guardian's Signature:	Date (MM/DD/YYYY)
SD/Independent Board Authority Contact's Signature	Date (MM/DD/YYYY)

C. Program Information (To be completed by School District/Independent Board Authority)

Program Type (Select one): Youth Explore Trades Skills (in SD) <input type="checkbox"/> Youth Explore Trades Sampler (partnered with PSI) <input checked="" type="checkbox"/>	Program Start Date (MM/DD/YYYY): 09/14/2026	Program End Date (MM/DD/YYYY): 06/25/2027
Partnering Training Provider for Youth Explore Trades Sampler: Nicola Valley Institute of Technology		



Youth Explore Trades Sampler

Student Information – Parent Consent

Date of application: _____

Name of Program: Explore Trades Program Dates: Sep 14/26 -Jun 25/26 Institute/Campus: NVIT

STUDENT Information

Legal First Name: _____ Middle Name: _____ Legal Last Name: _____

Current High School: _____ PEN: _____ Current Grade: _____

Birthdate: Year _____ Month _____ Day _____ Indigenous: Yes No

Mailing Address: _____ Postal Code: _____

E-Mail Address: _____ Cell Number: _____

PARENT/GUARDIAN Information

Parent/Guardian One:

Last Name: _____ First: _____

E-Mail Address: _____ Phone Number: _____

Parent/Guardian Two (if applicable):

Last Name: _____ First: _____

E-Mail Address: _____ Phone Number: _____

We certify the information given in this application is true and complete to the best of our knowledge and understand that, if selected for a Youth Explore Trades Sampler; falsified statements may be reason for removal. I authorize investigation of all statements contained herein and the references listed in this application.

I allow the Youth Explore Trades Sampler Program to use any program related picture of myself/the student named above for the purpose of promotion and communications for the Program.

Students and parents must also be aware that adherence to the MSS Code of Conduct, NVIT Code of Conduct, good attendance and work habits are expected and failure to demonstrate them may result in the student's disqualification. If your child voluntarily withdraws, is forced to withdraw, or does not successfully complete the program, credits will not be earned at MSS or NVIT.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Youth Explore Trades

Consent for Release of Confidential
Information

First Name: _____ Middle Name: _____ Last Name: _____

High School: _____ PEN No.: _____ Grade: _____ Date of Birth: _____

I hereby grant permission to School District No. 58 Youth Explore Trades personnel to:

Release academic attendance and discipline information and/or records to appropriate post-secondary schools and School District No. 58 staff.

Discuss pertinent information with representative from appropriate post-secondary schools and School District No. 58 staff on a strictly confidential basis.

I understand School District No. 58 Youth Explore Trades personnel will only use this information for application and program support purposes.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Youth Explore Trades Application

Teacher Recommendation

Thank you for completing the Teacher Statement of Recommendation regarding the student named below. The information on this reference will be used to determine readiness for the Youth Explore Trades program. A response to the general comments section is also important.

Student Name: _____

School: _____

Teacher Name: _____

Teacher Email: _____

Course: _____

Teacher Signature: _____

Date Signed: _____

Attendance and Punctuality 1 POOR 2 TO 3 4 EXCELLENT 5

Comments: _____

Work Ethic 1 2 3 4 5

Comments: _____

Attitude 1 2 3 4 5

Comments: _____

Initiative/Motivation 1 2 3 4 5

Comments: _____

Interpersonal Skills 1 2 3 4 5

Comments: _____

General Comments: _____
