

## 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):	<b>*Gender</b> : ☐ Man ☐ Woman ☐ Non-Binary ☐ Prefer not to answer	Personal Education Number (PEN):		
*Suite Number:	*Mailing Address:			
*City:	*Province:	*Postal Code:		
*Primary Phone Number: ()	Secondary Phone Number: ( )	*Email Address:		
Do you agree to receiving updates via SMS to your primary phone number? 🔲 Yes 🗌 No				
<b>*Do you identify yourself as an Indigenous p</b> □ Yes □ No	person?			

## **B. PARENT/GUARDIAN'S INFORMATION**

I, (print surname followed by given names of <b>parent/guardian</b> )				
of				
(street address)	(city, town)	(postal code)		
Declare that:				
1. I am the $\Box$ custodial parent $\Box$ legal guardian of the minor named above; and,				
2. I authorize the school to release the information outlined in Sections A & B to SkilledTradesBC for the purpose of registering the student with SkilledTradesBC in a Youth Trade program; and to use the registration information for statistical data.				
3. 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)

<b>Program Type (Select one):</b> Youth Explore Trades Skills □ Youth Explore Trades Sampler □	Program Start Date (MM/DD/YYYY):	Program End Date (MM/DD/YYYY):		
Partnering Training Provider for Youth Explore Trades Sampler:				

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