

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: ☐ 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		
*Do you identify yourself as an Indigenous person? ☐ Yes ☐ No		

B. PARENT/GUARDIAN'S INFORMATION

I, _____ (print surname followed by given names of parent/guardian)		
of _____ (street address) (city, town) (postal code)		
Declare that: 1. I am the ☐ custodial parent ☐ 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)

Program Type (Select one): 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:		